

NGO NETWORKING PROJECT
PRO REDES SALUD

SEMI-ANNUAL REPORT
2003

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NGO Networks Project ***Pro Redes Salud***

Semi-Annual Report **2003**

I. Program Description

A. Background

After a generation of civil war, the Guatemalan Peace Accords have called for a spirit of reconciliation and dialogue in order to move the country towards more pluralistic and democratic systems of governance in which all citizens are treated equally and given the opportunity to advance. As part of this process, the government of Guatemala is working to improve access to basic health services, particularly for the most vulnerable populations.

Although much of the country is affected by poverty, Guatemala's social and health indicators reveal a large disparity between Ladino and Mayan health and economic status, thus highlighting the need to focus efforts in the highland Mayan area, particularly among rural isolated communities.

One approach that has emerged to meet this challenge involves the contracting of NGOs to provide basic primary health services in rural areas and facilitate the greater involvement of local communities. At the present time, the Ministry of Health has 92 NGOs (30% of these as administrators, and 70% as service providers) throughout the country contracted to provide basic services to a total of 3.2 million population at risk. This program, known as el Proceso de Extension de Cobertura (PEC), is managed by the Unidad de Provision de Servicios, Primer Nivel (UPS1) of the Ministry, and forms part of the Sistema Integral de Atencion en Salud (SIAS).

In Guatemala NGOs play an important role in the provision of basic health services, particularly among rural populations. Over the past 30 years or more, the NGO sector has grown significantly in size. Hundreds of NGOs, small and large, have arisen to assist the most vulnerable populations improve their well being. According to a recent directory of NGOs published by the Foro de Coordinaciones de ONGs en Guatemala (Feb., 2002), there are currently a total of 420 known NGOs working in Guatemala, 164 of these working in health.

USAID Guatemala has traditionally recognized the important role played by NGOs in the provision of health care to the most vulnerable populations, and has played a valuable part in the strengthening of NGOs working in health. Prior to the implementation of the current project, the Mission supported two NGO initiatives, one implemented by the Population Council and another implemented by Project Concern International. Among other accomplishments, these initiatives successfully unified two groups of NGOs into legal networks and strengthened their capacities in the provision and administration of primary quality care. Together the 30 NGOs supported by these projects provided care to an estimated total of 550,000 population.

B. Project Purpose, Geographical and Technical Focus, and Objectives

The NGO Networks Project, known as Pro Redes Salud, began in September, 2001 and ends in September of 2004. It represents a continuation of Mission support to the NGO sector in Guatemala and is designed to build upon the success of earlier efforts. The purpose of the project is to contribute to the successful achievement of Mission Strategic Objective 3: Better health for women and children. Project objectives address the following Intermediate Results:

- IR 1:** More rural families use quality maternal child health services and have better household practices
- IR 2:** Public health programs are well managed.

The project is focused on the following technical and geographical areas:

Geographical Focus:

- ❖ Quetzaltenango
- ❖ San Marcos
- ❖ Huehuetenango
- ❖ Totonicapan
- ❖ Quiche
- ❖ Solola
- ❖ Chimaltenango

Technical Areas:

Integrated Child Health

- Detection, case management and referral of diarrheal disease in children under five
- Detection, case management and referral of respiratory infections among children under five
- Growth monitoring and counseling of children under two
- Micronutrient supplementation (vitamin A and iron) among children under two

Integrated Reproductive Health

- Prenatal and postnatal care including tetanus toxoid, iron, folic acid and referral
- Promotion of exclusive breastfeeding and proper infant nutrition
- Family planning promotion and service delivery
- Detection and referral for breast cancer
- Screening and referral for cervical cancer
- Prevention and referral for STDs, HIV/AIDS

Objectives:

Pro Redes Salud is designed to achieve the following nine objectives:

- 1. Expand geographic and service coverage through NGO Networks:** Expand primary care coverage to high risk rural Mayan populations through:

- geographical expansion into high risk rural communities where no services are currently available, and/or
 - Provide assistance to Networks and member NGOs to improve and expand their service package in existing areas.
2. **Strengthen MOH-NGO coordination:** Strengthen the coordination between NGOs and the MOH at all levels - central, departmental and district - through the development of improved mechanisms for collaboration.
 3. **Strengthen networks and NGOs:** Strengthen legal NGO networks and informal groupings of NGOs and their members to provide quality primary health care among children under five and women in fertile age, manage programs more effectively and improve sustainability.
 4. **Promote NGO-NGO training and technical assistance:** Strengthen networks to provide training and TA to member NGOs and others.
 5. **Incorporate family planning, IMCI (AEIPI) and AINM-C protocols into service delivery:** Incorporate family planning and the new protocols for community-based Integrated Management of Childhood Illnesses (IMCI or AEIPI in Spanish) and Atencion Integral del Nino y la Mujer, nivel Comunitario (AINM-C) into network and NGO service delivery.
 6. **Form new NGO networks:** Assist interested NGOs in the formation of formal and informal NGO networks or groups on the national and local level to improve coordination and service provision in high risk areas.
 7. **Encourage the creation of one or more umbrella NGO networks:** Seek the opportunity to unify existing NGO networks into one or more umbrella network of networks, if possible and feasible.
 8. **Design and implement a departmental model for MOH-NGO collaboration:** Improve collaboration among area health offices, NGOs and other NGOs and other partners through the development of a collaboration model on the departmental level.
 9. **Assist NGOs to sustain their reproductive and child health services:** Provide support to networks and member NGOs to improve the sustainability of their primary care services.

C. Project Components

For conceptual and practical purposes, Pro Redes has been divided into two major components. Each of these is contributing to project objectives, as discussed below.

Component One: Expansion of geographic and service coverage through NGO Networks

Component Two: Strengthening of NGO Networks and NGOs

II. Component One: Expansion of geographic and service coverage through NGO Networks - Project Objectives and Results First Semester, 2003

Objective 1: Expand geographic and service coverage through NGO Networks

The first project component is aimed directly at achieving Objective 1 through the expansion of primary care coverage to high risk rural Mayan populations in the seven priority highland departments. This is being accomplished primarily through geographical expansion into high risk rural communities where little or no services were previously available.

A. Network and NGO locations and population sizes

During the development of plans and budgets for 2003, Pro Redes technical and administrative staff reviewed the results of the network and NGO census data and adjusted the funding amounts to each to better reflect the actual population being served. The final first round populations are as follows:

Table 1: Networks and NGOs, First funding round

Network	NGOs	Departments	Municipios	Population
REDDES	Chuhi Tinamit	Chimaltenango	Chimaltenango	5,000
	Kajih Jel	Chimaltenango	Patzicia	5,000
	Eb Yajaw	Huehuetenango	Santa Barbara	15,500
			TOTAL	25,500
FESIRGUA	Renacimiento	Chimaltenango	Patzun	9,000
	Aq'bal Prodesca	Solola	San Lucas Toliman y Concepcion	9,000
			TOTAL	18,000
FUNRURAL	FUNRURAL	Quetzaltenango	Colomba and Coatepeque	18,500
	ADASP	San Marcos	Concepción Tutuapa	20,000
			TOTAL	38,500
CONODI	Salud sin Limites	San Bartolo Jocotenango y San Pedro Jocopilas	Quiche	15,500
			TOTAL	15,500
Wukup B'atz	Wukup B'atz	Totonicapán	Momostenango	14,500
			TOTAL	14,500
TOTAL FIRST ROUND POPULATION				112,000

B. Centros Comunitarios

Once plans and budgets for 2003 had been revised and approved, networks and NGOs began the process of setting up their centros comunitarios. According to the project model, which is a variation on the model being implemented by the MOH and its NGOs under PEC (Process of Extension of Coverage), NGOs set up at least one centro comunitario for every 1,000 population. Networks and NGOs were

assisted in this process by Pro Redes technical staff, and the use of a standardized checklist. Once the centros had been established, NGOs and networks sponsored official opening ceremonies in their communities, with speeches by municipal authorities and representatives of the Ministry of Health, and lunches prepared by community members.



Inauguration of the centro comunitario in San Bartolome Jocotenango, El Quiche



Inauguration of the centro comunitario in Totonicapán



Preparation of food by the Health Committee in San Bartolo Jocotenango, El Quiche



Facilitadora Comunitaria in her centro comunitario, Momostenango, NGO Wukup B'atz



Pro Redes Departmental Coordinator and FUNRURAL Network Coordinator visit to a centro comunitario and Facilitador Comunitario in Colimba, Quetzaltenango



Patients waiting to be seen by the Facilitador Comunitario, Quiche

C. Delivery of Integrated Primary Care

1. Services currently being provided by all networks and NGOs

All grantee networks and NGOs are providing a basic set of services on the community level. These services include those identified by the Mission in the Project Description section of the Cooperative Agreement, and others (marked with an *) as follows:

Integrated Child Health

- Detection, case management and referral of diarrheal disease in children under five
- Detection, case management and referral of respiratory infections among children under five
- Detection, case management and referral of ear and throat infections among children under five*
- Detection, case management and referral of febrile illnesses among children under five*
- Immunizations
- Growth monitoring and counseling of children under two
- Micronutrient supplementation (Vitamin A and iron) among children under two

Integrated Reproductive Health

- Prenatal and postnatal care including tetanus toxoid, iron, folic acid and referral
- Promotion of exclusive breastfeeding and proper infant nutrition
- Family planning promotion and service delivery

Service delivery is based on the implementation of the new national protocols for community based IMCI and the integrated care of women and children (AIEPI AINM-C).

2. Services to be added in the second half of 2003

In the first half of 2003, the project focused on the correct implementation of the services listed above. Though some NGOs have already begun screening for cervical cancer, training in the following technical areas will be implemented in the second half of the year:

- Detection and referral for breast cancer
- Screening and referral for cervical cancer
- Prevention and referral for STDs, HIV/AIDS

D. Technical Indicators

The following sections report on selected indicators related to the production of services by first round NGOs during the second quarter of 2003, April-June. The full set of indicators and analysis may be found in Annex E. Indicators reflect AIEPI-AINM-C protocols and measure coverage – in the case of morbidity, the detection of expected cases – and quality of care. The expected number of cases is based on epidemiological data from the MOH/UPS1 and a revised Hoja Electronica developed by Pro Redes Salud.

It is important to note here that although some services were delivered in the first quarter by NGOs, medicines were not in the centros comunitarios until March, when service delivery could begin. Contraceptives were not delivered until May. Centros comunitarios and Facilitadores Comunitarios began service delivery in this period based on the new protocols, using the new information system for the first time. For this reason, some coverages and quality of care need improvement. These indicators are being used by all project technical staff, network and NGOs to identify problems and focus technical assistance for improvement.

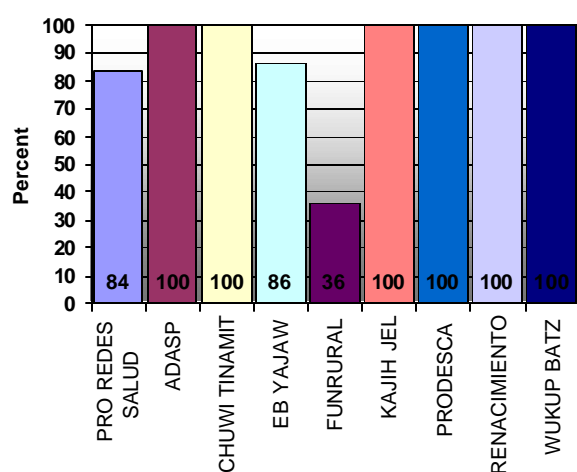
1. Provision of Services Second Quarter, 2003: Integrated Child Health



Facilitador Comunitario counting respirations in order to detect possible pneumonia

Cough or Difficulty Breathing

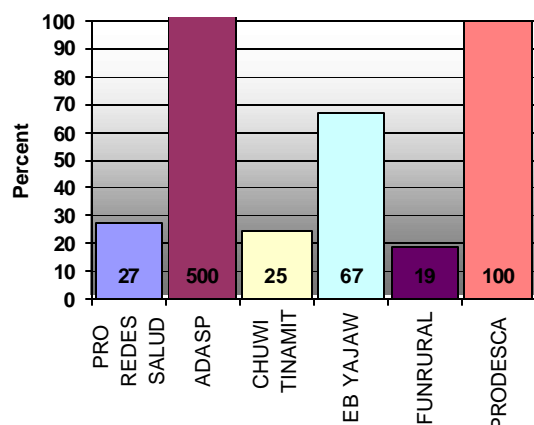
Table 2: Percentage of cases of pneumonia and severe pneumonia among children under 5 that received an antibiotic, second quarter 2003 (goal 100%, average achieved 84%)



Network	NGO	Numerator	Denominator	Percent
PROYECTO	PRO REDES SALUD	788	943	84
FUNRURAL	ADASP	75	75	100
REDDES	CHUWI TINAMIT	69	69	100
REDDES	EB YAJAW	115	133	86
FUNRURAL	FUNRURAL	76	213	36
REDDES	KAJIH JEL	17	17	100
FESIRGUA	PRODESCA	97	97	100
FESIRGUA	RENACIMIENTO	66	66	100
WUKUP BATZ	WUKUP BATZ	273	273	100

This indicator measures the quality of care provided to children under 5 with pneumonia and severe pneumonia. According to the norm, 100% of cases should receive an antibiotic. This table shows that all NGOs detected cases. Overall, 84% of the cases detected received an antibiotic. NGO percentages ranged from 36% and 86% to a high of 100%. Five of the eight NGOs complied with the norm.

Table 3: Percentage of cases of severe pneumonia detected among children under 5 that were referred, second quarter 2003 (goal 100%, average achieved 27%)

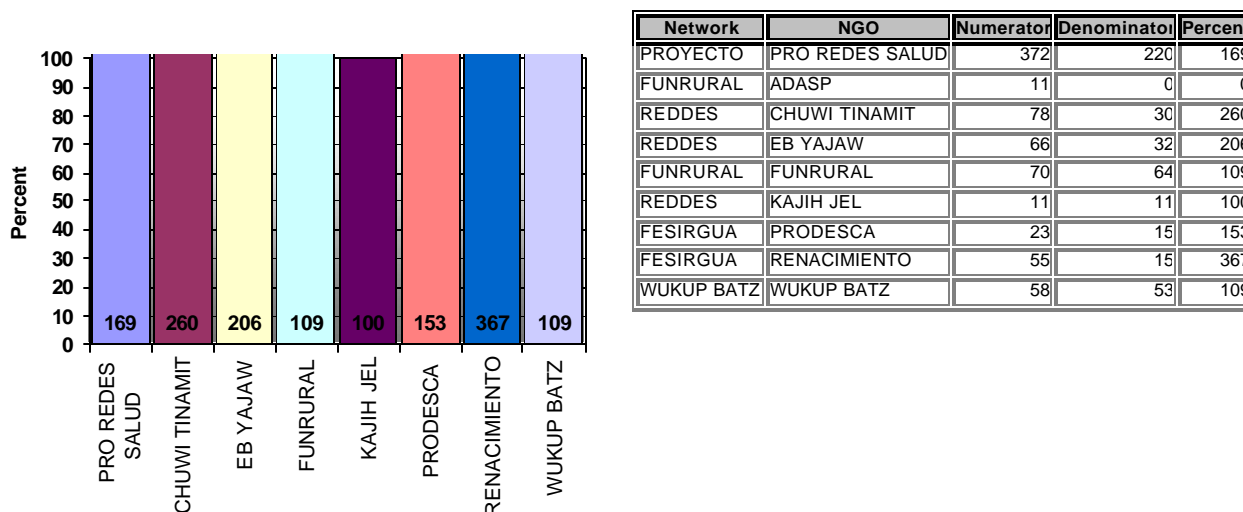


Network	NGO	Numerator	Denominator	Percent
PROYECTO	PRO REDES SALUD	40	146	27
FUNRURAL	ADASP	10	2	500
REDDES	CHUWI TINAMIT	1	4	25
REDDES	EB YAJAW	2	3	67
FUNRURAL	FUNRURAL	26	136	19
REDDES	KAJIH JEL	0	0	0
FESIRGUA	PRODESCA	1	1	100
FESIRGUA	RENACIMIENTO	0	0	0
WUKUP BATZ	WUKUP BATZ	0	0	0

This indicator measures the quality of care provided to children with severe pneumonia. According to the norm, 100% of these cases should be referred to the next level of care. The table above shows that 3 NGOs did not detect cases, while 2 of the 5 NGOs that did detect cases complied with the norm. NGO proportions ranged from 19% to 5 times the proportion of referrals expected. Overall, 27% of cases detected were referred. A percentage over 100% reflects referral of cases of difficulty breathing that were not severe pneumonia, but were still referred. Low percentages of referrals may be due to recording errors (the forms reproduced this quarter in some cases lacked the columns for recording of referrals), or lack of case referral among FCs.

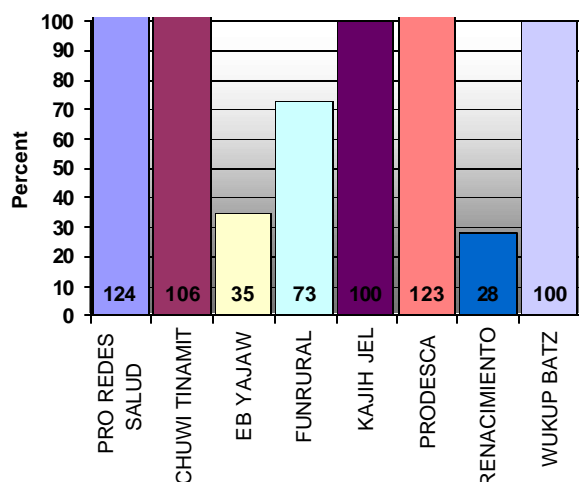
Diarrheal Disease

Table 4: Percentage of cases of diarrhea with dehydration among children under 5 that received ORS (Plan B), second quarter 2003 (goal 100%, average achieved over 100%)



This indicator also measures quality of care. According to the norm 100% of the cases of diarrhea with dehydration among children under 5 should receive ORS. This table shows one NGO did not detect a case, while all 7 NGOs that did detect cases complied with the norm. Proportions ranged from 100% to over 3 times the number required. The project overall average was 169%. Percentages over 100% reflect cases of diarrhea given ORS that did not have dehydration.

Table 5: Percentage of cases of diarrhea without dehydration among children under 5 that were counseled to increase liquids (Plan A), second quarter 2003 (goal 100%, average achieved over 100%)



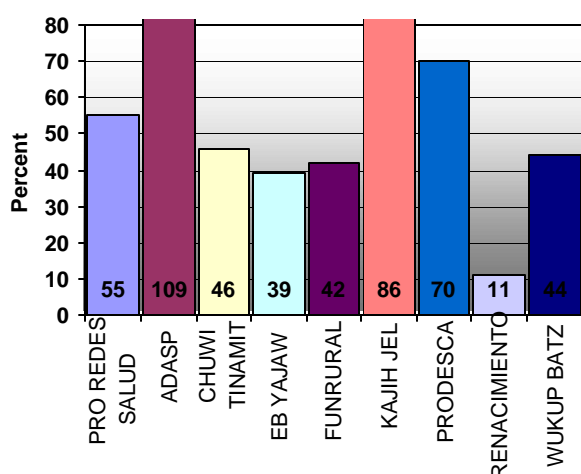
Network	NGO	Numerator	Denominator	Percent
PROYECTO	PRO REDES SALUD	417	336	124
FUNRURAL	ADASP	178	0	0
REDDES	CHUWI TINAMIT	51	48	106
REDDES	EB YAJAW	32	92	35
FUNRURAL	FUNRURAL	44	60	73
REDDES	KAJIH JEL	26	26	100
FESIRGUA	PRODESCA	27	22	123
FESIRGUA	RENACIMIENTO	11	40	28
WUKUP BATZ	WUKUP BATZ	48	48	100

This indicator measures the quality of care in the management of diarrhea with dehydration among children under 5. According to the norm, all cases of diarrhea without dehydration should be managed with increased fluids. The table above shows that

one NGO did not detect cases, while 4 of the other 7 NGOs complied with the norm. Proportions for individual NGOs ranged from 28% to over 100%. On the average, the project managed over 100% of cases properly. Proportion of over 100% reflect instances in which other types of diarrhea (persistent, with dehydration, etc.) were also managed with increased fluids.

Nutrition

Table 6: Percentage of children under 2 in the population that attended growth monitoring sessions each month, second quarter 2003 (goal 80%, average achieved 55%)

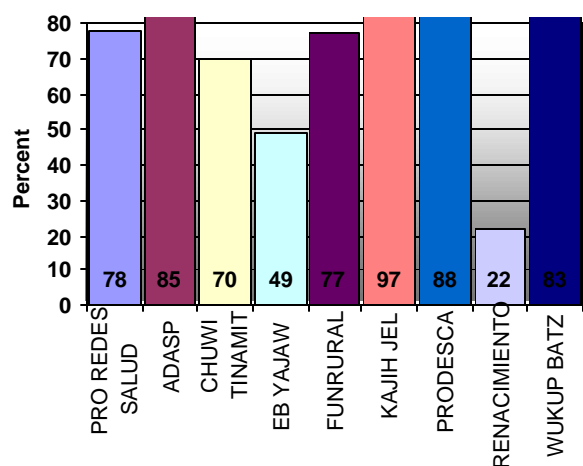


Network	NGO	Numerator	Denominator	Percent
PROYECTO	PRO REDES SALUD	2987	5451	55
FUNRURAL	ADASP	988	904	109
REDDES	CHUWI TINAMIT	147	319	46
REDDES	EB YAJAW	380	971	39
FUNRURAL	FUNRURAL	463	1100	42
REDDES	KAJIH JEL	231	268	86
FESIRGUA	PRODESCA	306	435	70
FESIRGUA	RENACIMIENTO	59	523	11
WUKUP BATZ	WUKUP BATZ	413	931	44

This indicator measures the ability of the NGOs to ensure that the growth of children under 2 in their catchment areas is being monitored each month. NGOs are expected to monitor the growth of at least 80% of these children each month) The table above shows that

for the project overall, 55% of all children under 2 were weighed each month during the quarter. All NGOs conducted growth monitoring, and 2 complied with the norm. NGO proportions ranged from 39% to 100% of children under 2.

Table 7: Percentage of children under 2 attending growth monitoring sessions each month who were found to be growing well, second quarter 2003 (goal 80%, average achieved 78%)

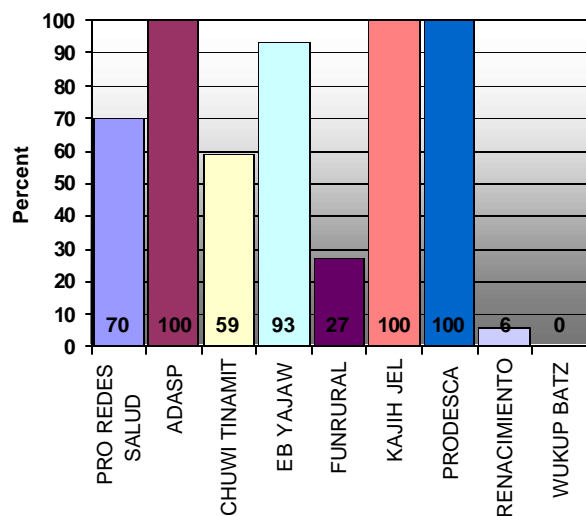


Network	NGO	Numerator	Denominator	Percent
PROYECTO	PRO REDES SALUD	2335	2987	78
FUNRURAL	ADASP	842	988	85
REDDES	CHUWI TINAMIT	103	147	70
REDDES	EB YAJAW	187	380	49
FUNRURAL	FUNRURAL	356	463	77
REDDES	KAJIH JEL	224	231	97
FESIRGUA	PRODESCA	268	306	88
FESIRGUA	RENACIMIENTO	13	59	22
WUKUP BATZ	WUKUP BATZ	342	413	83

This indicator measures the proportion of children under 2 weighed during the period who were found to be growing well according to the norm. The table above shows that overall 78% of children under 2 were

found to be growing well during the quarter. Proportions reported by NGOs ranged from a low of 22% to a high of 97%.

Table 8: Percentage of growth monitoring sessions among children under 2 that included individual counseling to mothers or caretakers, second quarter 2003 (goal 100%, average achieved 70%)

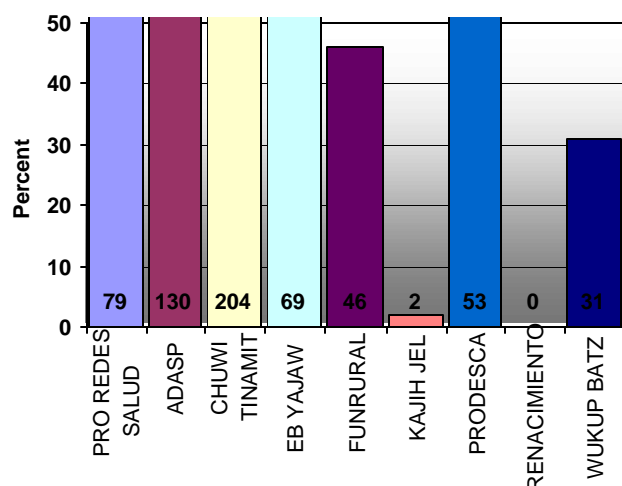


Network	NGO	Numerator	Denominator	Percent
PROYECTO	PRO REDES SALUD	6273	8960	70
FUNRURAL	ADASP	2963	2963	100
REDDES	CHUWI TINAMIT	258	441	59
REDDES	EB YAJAW	1061	1139	93
FUNRURAL	FUNRURAL	368	1388	27
REDDES	KAJIH JEL	694	694	100
FESIRGUA	PRODESCA	919	919	100
FESIRGUA	RENACIMIENTO	10	178	6
WUKUP BATZ	WUKUP BATZ	0	1238	0

This indicator measures the quality of care provided to caretakers of children under 2 attending growth monitoring during the quarter. According to the norm, 100% of caretakers should receive counseling. The table above shows that 7 of the 8 NGO reported providing counseling, and 3 complied with the norm.

NGO proportions ranged from 6% to 100%. Overall 70% of caretakers of children under 2 attending growth monitoring received counseling.

Table 9: Percentage of children under 2 attending growth monitoring sessions each month who received vitamin A, second quarter 2003 (goal 50%, average achieved 70%)

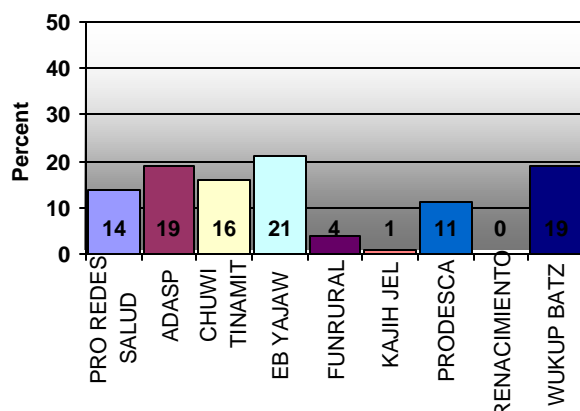


Network	NGO	Numetador	Denominator	Percent
PROYECTO	PRO REDES SALUD	2354	2987	79
FUNRURAL	ADASP	1283	988	130
REDDES	CHUWI TINAMIT	300	147	204
REDDES	EB YAJAW	263	380	69
FUNRURAL	FUNRURAL	213	463	46
REDDES	KAJIH JEL	5	231	2
FESIRGUA	PRODESCA	163	306	53
FESIRGUA	RENACIMIENTO	0	59	0
WUKUP BATZ	WUKUP BATZ	127	413	31

This indicator measures the quality of care provided to children under 2 attending growth monitoring during the quarter. According to the norm 50% of these children should receive vitamin A. The table above shows that 79% overall received vitamin A

during growth monitoring. One NGO provided no vitamin A, while two NGOs complied with the norm. NGO proportions ranged from 2% to over 100%. Rates of over 50% reflect instances in which more vitamin A was given than stipulated in the norm.

Table 10: Percentage of children under 2 attending growth monitoring sessions each month who received iron, second quarter 2003 (goal 50%, average achieved 14%)

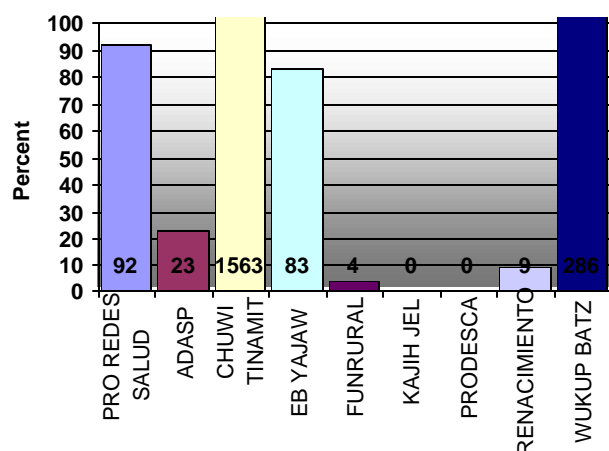


Network	NGO	Numerator	Denominator	Percent
PROYECTO	PRO REDES SALUD	423	2987	14
FUNRURAL	ADASP	188	988	19
REDDES	CHUWI TINAMIT	23	147	16
REDDES	EB YAJAW	80	380	21
FUNRURAL	FUNRURAL	18	463	4
REDDES	KAJIH JEL	2	231	1
FESIRGUA	PRODESCA	34	306	11
FESIRGUA	RENACIMIENTO	0	59	0
WUKUP BATZ	WUKUP BATZ	78	413	19

This indicator measures the quality of care provided to children under 2 attending growth monitoring during the period. According to the norm, 50% of

these children should receive iron. The table above shows that 7 out of the 8 NGOs provided iron to children attending growth monitoring. Overall, 14% of children weighed received iron during the quarter. NGO proportions ranged from 1% to 21%.

Table 11: Percentage of cases of severe malnutrition, severe anemia, anemia and children not growing well who received vitamin A during clinical visits, second quarter 2003 (goal 100%, average achieved 92%)

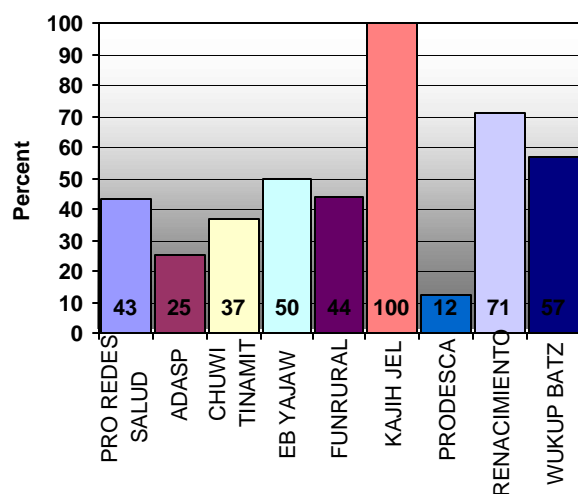


Network	NGO	Numerator	Denominator	Percent
PROYECTO	PRO REDES SALUD	1048	1137	92
FUNRURAL	ADASP	108	472	23
REDDES	CHUWI TINAMIT	297	19	1563
REDDES	EB YAJAW	241	291	83
FUNRURAL	FUNRURAL	6	152	4
REDDES	KAJIH JEL	0	18	0
FESIRGUA	PRODESCA	0	24	0
FESIRGUA	RENACIMIENTO	2	23	9
WUKUP BATZ	WUKUP BATZ	394	138	286

This indicator measures the quality of care provided to children with severe malnutrition or severe anemia seen during clinic visits. According to the norm, 100% of these children should receive vitamin A.

The table above shows that overall 92% of these cases received vitamin A during clinic visits this quarter. NGO proportions ranged from 0% to rates 15 times the norm. One NGO out of 8 complied with the norm. Proportions greater than 100% reflect cases in which vitamin A was given to more children during clinic visits than those with severe malnutrition or severe anemia.

Table 12: Percentage of cases of anemia and those children not growing well who were treated with iron during clinical visits, second quarter 2003 (goal 100%, average achieved 43%)



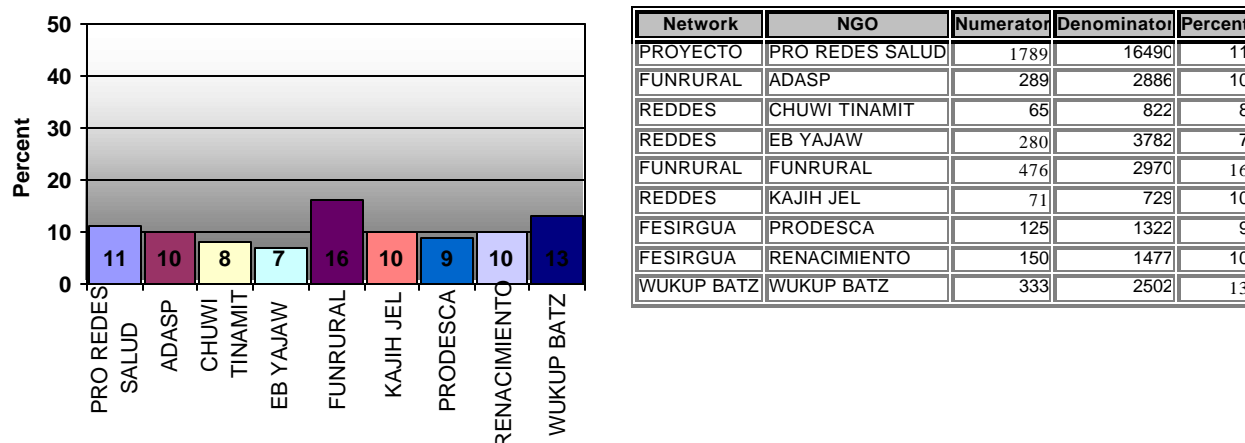
Network	NGO	Numerator	Denominator	Percent
PROYECTO	PRO REDES SALUD	396	917	43
FUNRURAL	ADASP	66	261	25
REDDES	CHUWI TINAMIT	7	19	37
REDDES	EB YAJAW	145	290	50
FUNRURAL	FUNRURAL	64	146	44
REDDES	KAJIH JEL	18	18	100
FESIRGUA	PRODESCA	3	24	12
FESIRGUA	RENACIMIENTO	15	21	71
WUKUP BATZ	WUKUP BATZ	78	138	57

This indicator measures the quality of care provided to children with anemia or those found to be not growing well during their clinical visits. According to the norm, 100% of these children should receive iron. The table above shows that overall 43% of children with anemia or not growing well seen during

clinic visits received iron. NGO percentages ranged from 12% to 100%. One NGO out of the 8 complied with the norm.

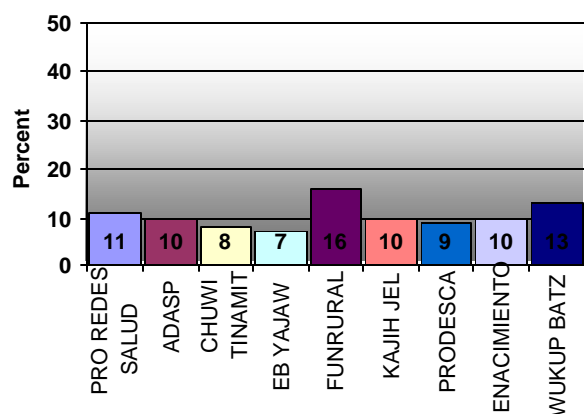
Immunizations

Table 13: Percentage of children under 5 who received DPT 3, first semester 2003 (goal 50%, average achieved 11%)



This indicator measures the proportion of children under 5 who received the third dose of DPT during the period. According to the norms, 100% of children under 5 should have received this vaccine in a 12 month period, 50% each semester. The table above shows that overall 11% of these children received the third dose of DPT from NGOs this quarter. NGO proportions ranged from 7% to 16%.

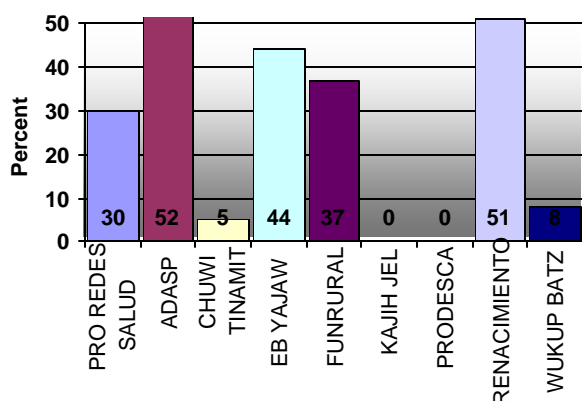
Table 14: Percentage of children under 5 who received Polio 3, first semester 2003 (goal 50%, average achieved 11%)



Network	NGO	Numerator	Denominator	Percent
PROYECTO	PRO REDES SALUD	1785	16490	11
FUNRURAL	ADASP	289	2886	10
REDDES	CHUWI TINAMIT	65	822	8
REDDES	EB YAJAW	280	3782	7
FUNRURAL	FUNRURAL	473	2970	16
REDDES	KAJIH JEL	71	729	10
FESIRGUA	PRODESCA	125	1322	9
FESIRGUA	RENACIMIENTO	149	1477	10
WUKUP BATZ	WUKUP BATZ	333	2502	13

This indicator measures the proportion of children under 5 who received the third dose of polio during the period. According to the norms, 100% of children under 5 should receive this vaccine in a 12 month period, 50% each semester. The table above shows that overall 11% of these children received polio 3 from NGOs this quarter. NGO proportions ranged from 7% to 16%.

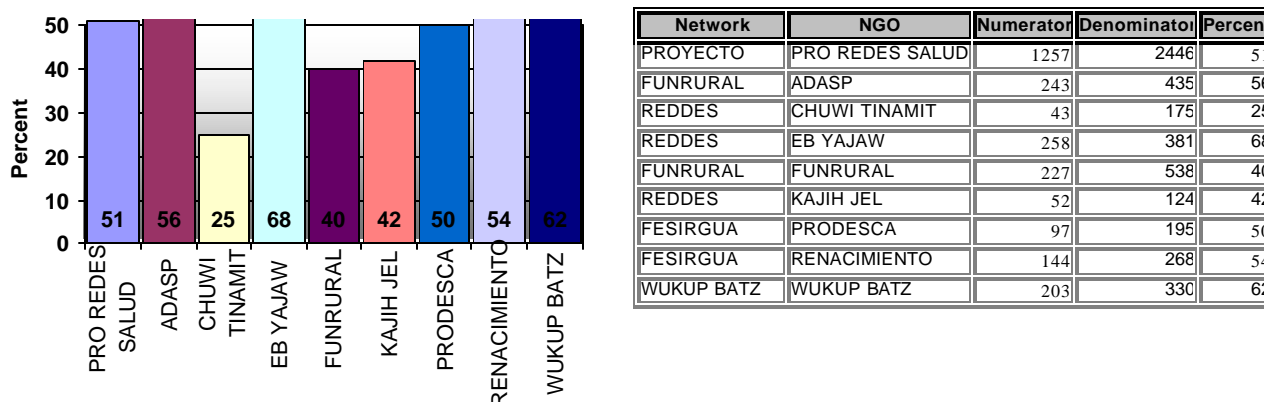
Table 15: Percentage of children under 1 year of age who received BCG, first semester 2003 (goal 50%, average achieved 30%)



Network	NGO	Numerator	Denominator	Percent
PROYECTO	PRO REDES SALUD	898	3005	30
FUNRURAL	ADASP	242	469	52
REDDES	CHUWI TINAMIT	7	144	5
REDDES	EB YAJAW	261	590	44
FUNRURAL	FUNRURAL	207	562	37
REDDES	KAJIH JEL	0	144	0
FESIRGUA	PRODESCA	0	240	0
FESIRGUA	RENACIMIENTO	131	255	51
WUKUP BATZ	WUKUP BATZ	50	601	8

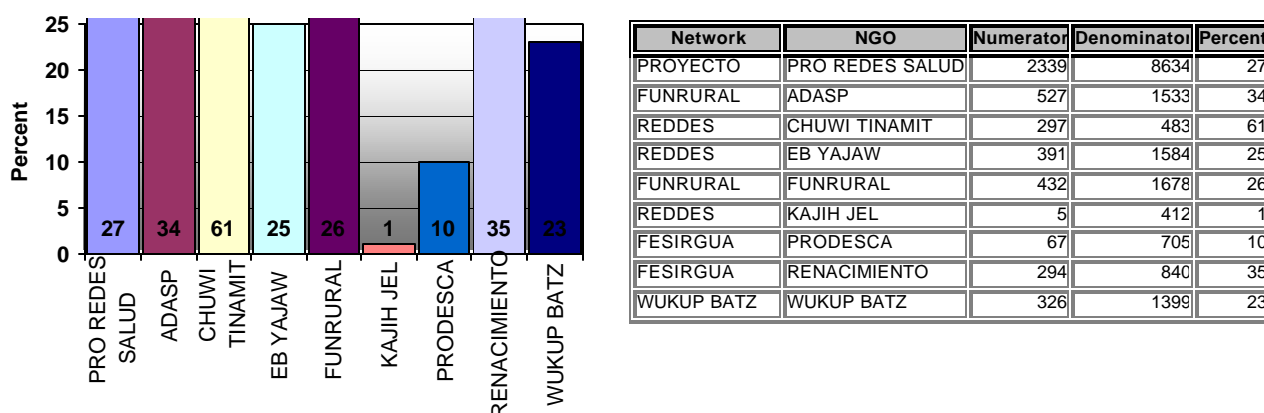
This indicator measures the proportion of children under 1 year of age who received BCG during the period. According to the norm, 100% of these children should receive the vaccine in a 12 month period, 50% each semester. The table above shows that overall 30% of these children received BCG from NGOs. NGO proportions ranged from 0% to 52%. Two of the 8 NGOs complied with the norm.

Table 16: Percentage of children 1-2 years of age who received MMR, first semester 2003 (goal 50%, average achieved 51%)



This indicator measures the proportion of children 1-2 months of age (12-24 months) who received the MMR during the period. According to the norm, 100% of these children should have received the MMR by the end of 12 months, 50% each quarter. The table above shows that overall 51% of these children were vaccinated with the MMR by NGOs during the quarter. NGO proportions ranged from a low of 25% to a high of 68%. Five of the 8 NGOs complied with the norm during the quarter.

Table 17: Percentage of children under 3 years of age who received vitamin A during vaccination activities, second quarter 2003 (goal 25%, average achieved 27%)



This indicator measures the quality of care provided to children under 3 during vaccination activities. According to the norm, 25% of these children should receive vitamin A. NGOs received vitamin A for second quarter vaccination activities. The table above shows that overall 27% of children under 3 received vitamin A during vaccination activities during the second quarter. NGO proportions ranged from 1% to 61%.

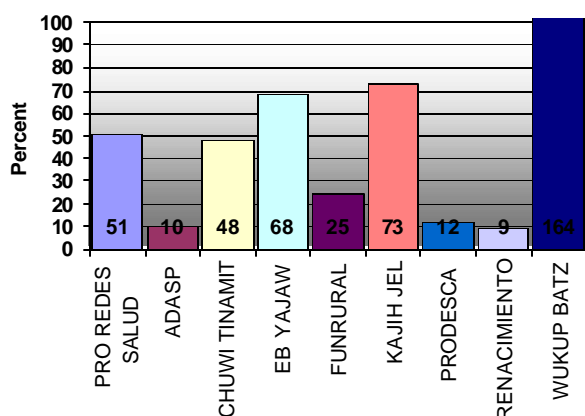
2. Provision of Services Second Quarter, 2003: Integrated Reproductive Health



Facilitador Comunitario checking for maternal anemia

Prenatal Care

Table 18: Percentage of expected pregnant women expected in the population who attended at least one prenatal care visit, second quarter 2003 (goal 80%, average achieved 51%)



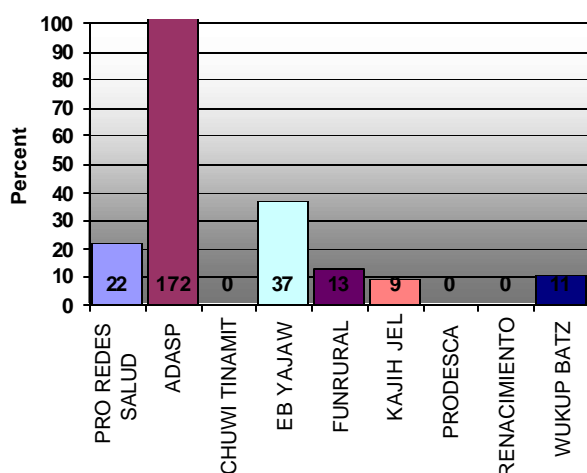
Network	NGO	Numerator	Denominator	Resultado
PROYECTO	PRO REDES SALUD	631	1249	51
FUNRURAL	ADASP	25	252	10
REDDES	CHUWI TINAMIT	27	56	48
REDDES	EB YAJAW	135	200	68
FUNRURAL	FUNRURAL	70	275	25
REDDES	KAJIH JEL	45	62	73
FESIRGUA	PRODESCA	12	104	12
FESIRGUA	RENACIMIENTO	10	113	9
WUKUP BATZ	WUKUP BATZ	307	187	164

This indicator measures the ability of the NGOs to provide at least one prenatal care visit to expected pregnant women in the area. According to

epidemiological estimates, 5% of the total population is expected to be pregnant in a given population

during a 12 month period, 1.25% each quarter. The table above shows that all NGOs provided prenatal care. Overall, 51% of pregnant women expected in the population attended at least one prenatal care visit. NGO proportions ranged from 9% to over 100%. Rates of over 100% may indicate the presence of a greater number of pregnant women in the population than expected.

Table 19: Percentage of prenatal care visits that received the second dose of TT-TDa, second quarter 2003 (goal 25%, average achieved 22%)

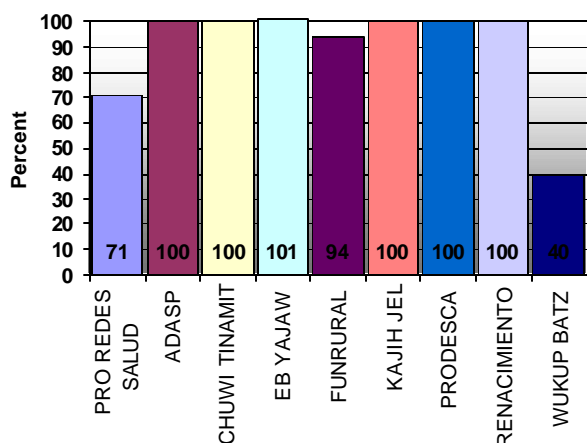


Network	NGO	Numerator	Denominator	Percent
PROYECTO	PRO REDES SALUD	141	631	22
FUNRURAL	ADASP	43	25	172
REDDDES	CHUWI TINAMIT	0	27	0
REDDDES	EB YAJAW	50	135	37
FUNRURAL	FUNRURAL	9	70	13
REDDDES	KAJIH JEL	4	45	9
FESIRGUA	PRODESCA	0	12	0
FESIRGUA	RENACIMIENTO	0	10	0
WUKUP BATZ	WUKUP BATZ	35	307	11

This indicator measures the quality of care provided to pregnant women during prenatal care. According to the norm, 100% of these women should receive the second dose of TT-TDa during a 12 month period,

25% each quarter. The table above shows that overall 22% of pregnant women in prenatal care received the second dose of TT-TDa during the quarter. NGO proportions ranged from 0% to over 100%. A proportion exceeding 100% reflects TT-TDa given to women who received the vaccine, but were not visiting the clinic for prenatal care. Two NGOs complied with or exceeded the norm.

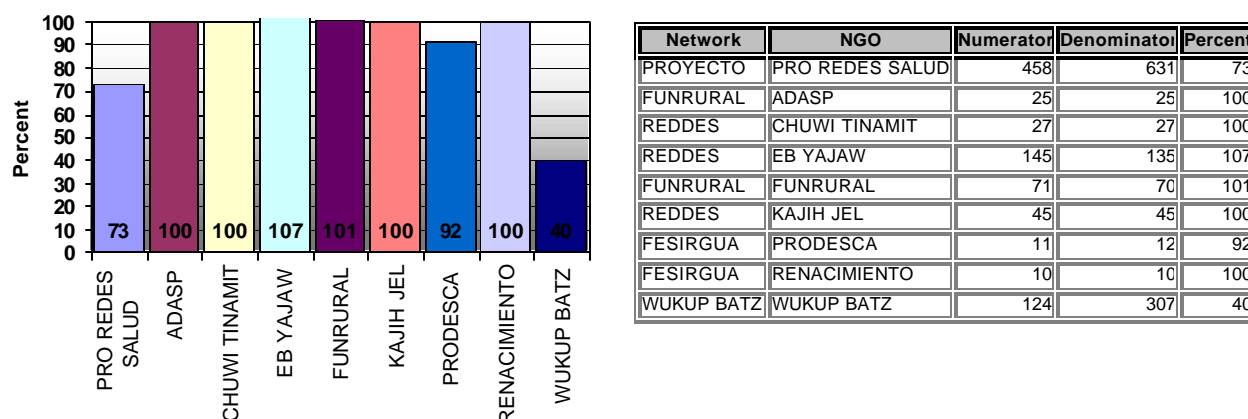
Table 20: Percentage of prenatal care visits that received folic acid, second quarter 2003 (goal 100%, average achieved 71%)



Network	NGO	Numerator	Denominator	Percent
PROYECTO	PRO REDES SALUD	445	631	71
FUNRURAL	ADASP	25	25	100
REDDDES	CHUWI TINAMIT	27	27	100
REDDDES	EB YAJAW	136	135	101
FUNRURAL	FUNRURAL	66	70	94
REDDDES	KAJIH JEL	45	45	100
FESIRGUA	PRODESCA	12	12	100
FESIRGUA	RENACIMIENTO	10	10	100
WUKUP BATZ	WUKUP BATZ	124	307	40

This indicator measures the quality of care provided to pregnant women during prenatal care. According to the norm, 100% of these women should receive folic acid each quarter. The table above shows that overall 71% of women attending prenatal care received folic acid during the period. NGO proportions ranged from 40% to 100%. Seven out of the 8 NGOs complied with the norm.

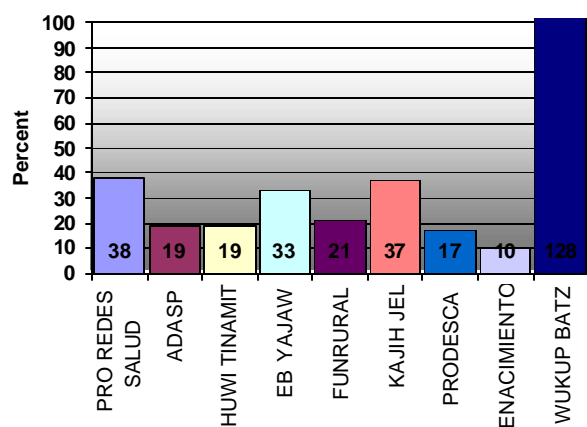
Table 21: Percentage of prenatal care visits that received iron, second quarter 2003 (goal 100%, average achieved 73%)



This indicator measures the quality of care provided to pregnant women attending prenatal care during the period. According to the norm, 100% of these women should receive iron during the quarter. The table above shows that overall 73% of pregnant women attending prenatal care received iron. NGO proportions ranged from 40% to over 100% of women. Seven out of the 8 NGOs complied with the norm.

Postpartum Care

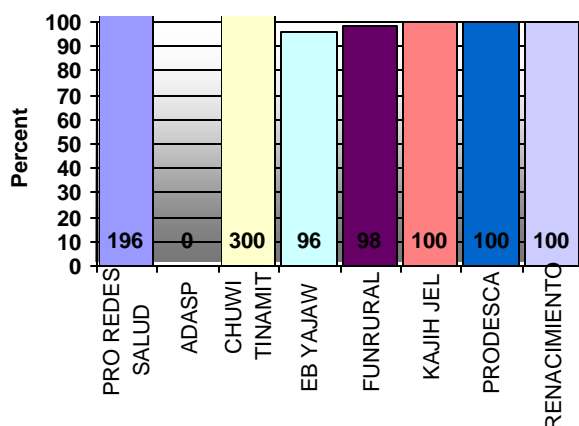
Table 22: Percentage of postpartum women expected in the population that attended at least one postpartum visit, second quarter 2003 (goal 80%, average achieved 38%)



Network	NGO	Numerator	Denominator	Percent
PROYECTO	PRO REDES SALUD	412	1086	38
FUNRURAL	ADASP	41	220	19
REDDES	CHUWI TINAMIT	9	48	19
REDDES	EB YAJAW	58	174	33
FUNRURAL	FUNRURAL	51	239	21
REDDES	KAJIH JEL	20	54	37
FESIRGUA	PRODESCA	15	90	17
FESIRGUA	RENACIMIENTO	10	98	10
WUKUP BATZ	WUKUP BATZ	208	163	128

This indicator measures the ability of NGOs to provide postpartum care to women in the postpartum period. According to epidemiological data, 4.36% of the total population is expected to be postpartum in a given population during a 12 month period, 1.09% each quarter. The table above shows that overall 38% of postpartum women expected in the population attended at least one postpartum visit. NGO proportions ranged from 10% to over 100%. Rates of over 100% may indicate the presence of a greater number of postpartum women than expected.

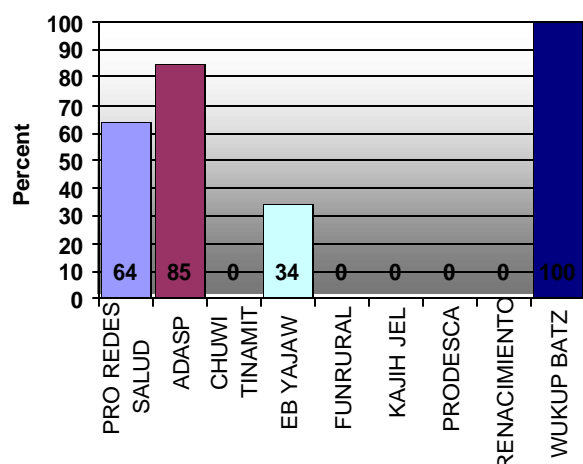
Table 23: Percentage of cases of anemia detected in the postpartum period that received iron, second quarter 2003 (goal 100%, average achieved over 100%)



Network	NGO	Numerator	Denominator	Percent
PROYECTO	PRO REDES SALUD	360	184	196
FUNRURAL	ADASP	0	35	0
REDDES	CHUWI TINAMIT	9	3	300
REDDES	EB YAJAW	48	50	96
FUNRURAL	FUNRURAL	50	51	98
REDDES	KAJIH JEL	20	20	100
FESIRGUA	PRODESCA	15	15	100
FESIRGUA	RENACIMIENTO	10	10	100
WUKUP BATZ	WUKUP BATZ	208	0	0

This indicator measures the quality of care provided to postpartum women with anemia during the period. According to the norm, 100% of these women should receive iron. The table above shows that overall over 100% of postpartum women attending postpartum care who had anemia received iron. NGO proportions ranged from 0% to over 100% of women. Four of the 8 NGOs complied with the norm.

Table 24: Percentage of postpartum visits that received vitamin A, second quarter 2003 (goal 100%, average achieved 64%)

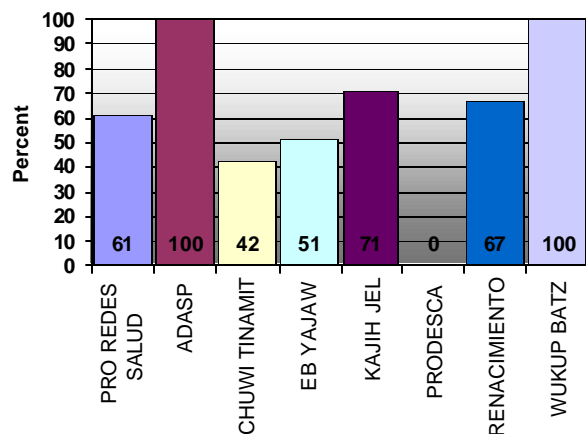


Network	NGO	Numerator	Denominator	Percent
PROYECTO	PRO REDES SALUD	263	412	64
FUNRURAL	ADASP	35	41	85
REDDES	CHUWI TINAMIT	0	9	0
REDDES	EB YAJAW	20	58	34
FUNRURAL	FUNRURAL	0	51	0
REDDES	KAJIH JEL	0	20	0
FESIRGUA	PRODESCA	0	15	0
FESIRGUA	RENACIMIENTO	0	10	0
WUKUP BATZ	WUKUP BATZ	208	208	100

This indicator also measures the quality of care provided to postpartum women during the period. According to the norm, 100% of these women should receive vitamin A. The table above shows that overall 64% of postpartum women attending postpartum care received iron. NGO proportions ranged from 0% to 100% of women. One NGO out of 8 complied with the norm.

Family Planning

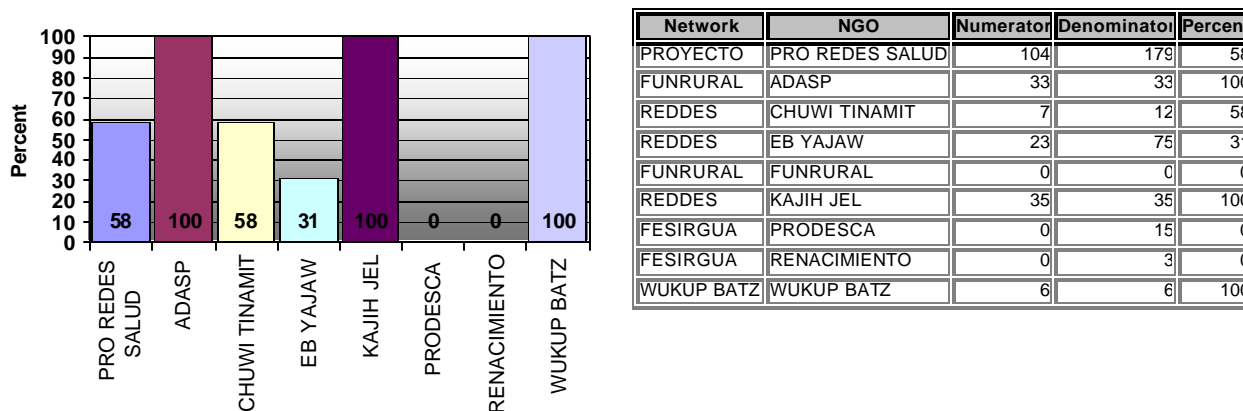
Table 25: Percentage of consultations for family planning that were new users, second quarter 2003 (average achieved 61%)



Network	NGO	Numerator	Denominator	Percent
PROYECTO	PRO REDES SALUD	109	179	61
FUNRURAL	ADASP	33	33	100
REDDES	CHUWI TINAMIT	5	12	42
REDDES	EB YAJAW	38	75	51
FUNRURAL	FUNRURAL	0	0	0
REDDES	KAJIH JEL	25	35	71
FESIRGUA	PRODESCA	0	15	0
FESIRGUA	RENACIMIENTO	2	3	67
WUKUP BATZ	WUKUP BATZ	6	6	100

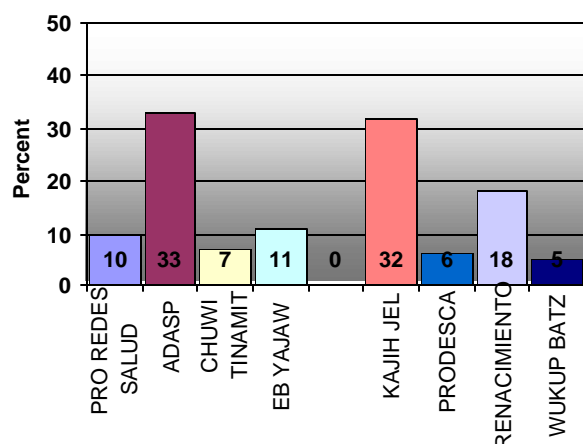
This indicator measures the ability of the NGOs to promote family planning and attract new users. According to the national norms, a new user is someone who is using a particular method for the first time. The table above shows 61% of total family planning users during the quarter to be new users. One NGO reported no family planning activities this quarter. Out of the 7 NGOs providing services, proportions range from 0% to 100%.

Table 26: Percentage of consultations for family planning that were satisfied users, second quarter 2003 (average achieved 58%)



This indicator provides information about the proportion of current family planning users seen by the NGO who were satisfied users. According to the norm, a satisfied user is someone who is satisfied with and continuing to use their current method. The table above shows that overall 58% of family planning consultations by NGOs consisted of satisfied users. One NGO reported no family planning activities in the quarter. Of the 7 NGOs, proportions ranged from 0% to 100%.

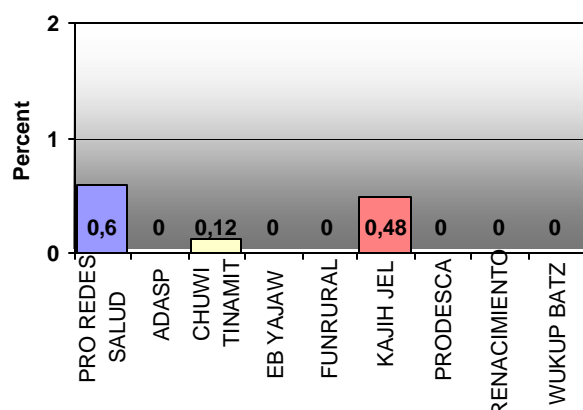
Table 27: Percentage of total first clinic visits in reproductive health that were for family planning, second quarter 2003 (average achieved 10%)



Network	NGO	Numerator	Denominator	Percent
PROYECTO	PRO REDES SALUD	149	1486	10
FUNRURAL	ADASP	33	100	33
REDDES	CHUWI TINAMIT	10	150	7
REDDES	EB YAJAW	50	446	11
FUNRURAL	FUNRURAL	0	131	0
REDDES	KAJIH JEL	35	111	32
FESIRGUA	PRODESCA	15	244	6
FESIRGUA	RENACIMIENTO	3	17	18
WUKUP BATZ	WUKUP BATZ	3	287	5

This indicator measures the overall demand for family planning in relationship to total clinic visits in reproductive health during the quarter. The table above shows that overall 10% of overall clinic visits in reproductive health were for family planning. One NGO reported no family planning activities in the quarter. Among the 7 NGOs providing services, proportions ranged from 5% to 32%.

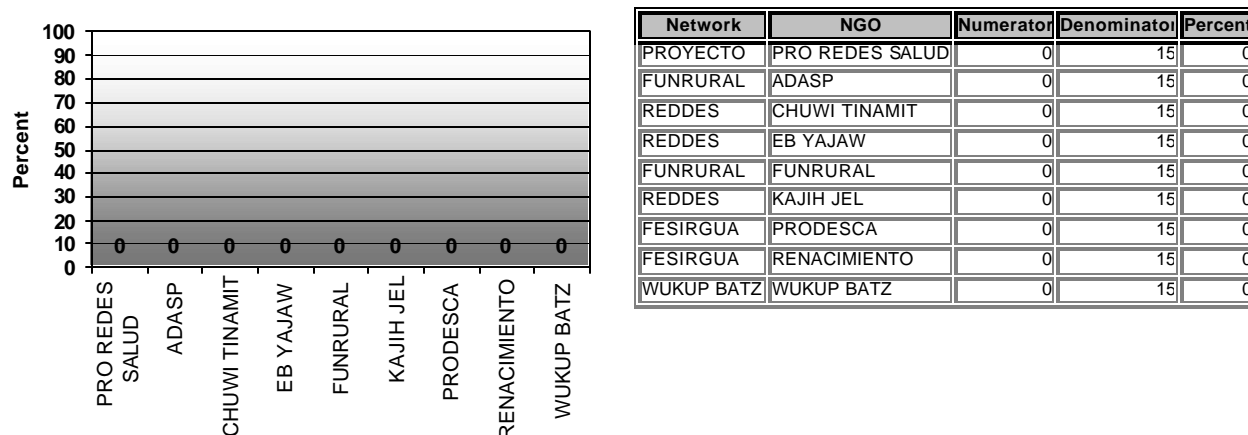
Table 28: CYPs for condoms, second quarter 2003 (total achieved 0.6 CYP)



Network	NGO	Numerator	Denominator	Percent
PROYECTO	PRO REDES SALUD	72	120	0.6
FUNRURAL	ADASP	0	120	0
REDDES	CHUWI TINAMIT	14	120	0.12
REDDES	EB YAJAW	0	120	0
FUNRURAL	FUNRURAL	0	120	0
REDDES	KAJIH JEL	58	120	0.48
FESIRGUA	PRODESCA	0	120	0
FESIRGUA	RENACIMIENTO	0	120	0
WUKUP BATZ	WUKUP BATZ	0	120	0

This indicator provides information on the CYPs provided by condoms during the period by NGOs. According to the norms, 120 condoms provide one CYP. The table above shows that overall the 72 condoms sold provided 0.6 CYPs. NGO CYPs for condoms ranged from 0 to 0.12.

Table 29: CYPs for oral contraceptives, second quarter 2003 (total achieved 0 CYPs)



This indicator provides information on the CYPs provided by oral contraceptives during the period by NGOs. According to the norms, each oral contraceptive sold provides 15 CYPs. Contraceptives were delivered to the NGOs in May. The table above shows that no oral contraceptives were sold during this quarter.

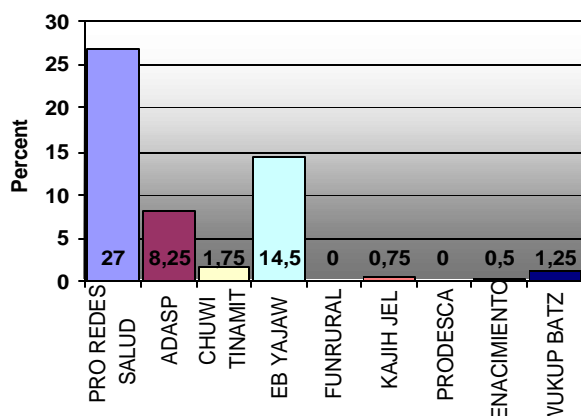
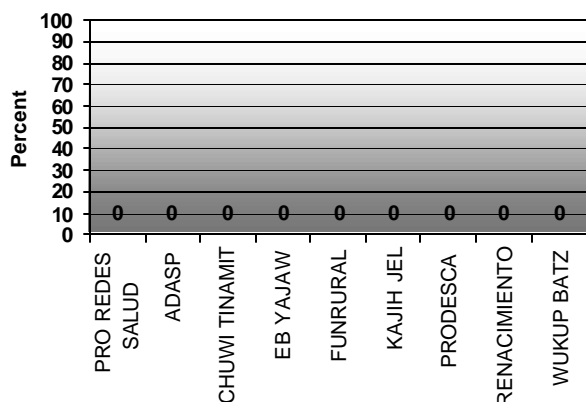


Table 30: CYPs for depo-provera, second quarter 2003 (total achieved 17 CYPs)

Network	NGO	Numerator	Denominator	Percent
PROYECTO	PRO REDES SALUD	108	4	27
FUNRURAL	ADASP	33	4	8.25
REDDES	CHUWI TINAMIT	7	4	1.75
REDDES	EB YAJAW	58	4	14.5
FUNRURAL	FUNRURAL	0	4	0
REDDES	KAJIH JEL	3	4	0.75
FESIRGUA	PRODESCA	0	4	0
FESIRGUA	RENACIMIENTO	2	4	0.5
WUKUP BATZ	WUKUP BATZ	5	4	1.25

This indicator provides information on the CYPs provided by depo-provera during the period by NGOs. According to the norms, 4 depo-provera injections provide one CYP. Contraceptives were delivered to the NGOs in May. The table above shows that the 108 depo-provera injections applied during the period by NGOs provided 27 CYPs. NGO CYPs for depo-provera ranged from 0 to 14.5.

Table 31: CYPs for IUDs, second quarter 2003 (total achieved 0 CYPs)



Network	NGO	Numerator	Denominator	Percent
PROYECTO	PRO REDES SALUD	0	4	0
FUNRURAL	ADASP	0	4	0
REDDES	CHUWI TINAMIT	0	4	0
REDDES	EB YAJAW	0	4	0
FUNRURAL	FUNRURAL	0	4	0
REDDES	KAJIH JEL	0	4	0
FESIRGUA	PRODESCA	0	4	0
FESIRGUA	RENACIMIENTO	0	4	0
WUKUP BATZ	WUKUP BATZ	0	4	0

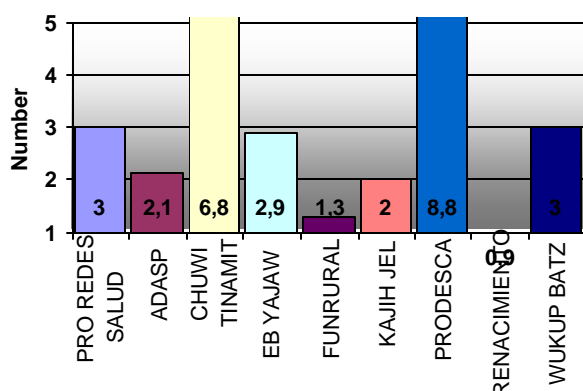
This indicator provides information on the CYPs provided by IUDs during the period. According to the norms, each IUD provides 4 CYPs. The table above shows that no IUDs were inserted by NGOs during the period.

Table 32: Total CYPs for all methods, second quarter 2003

NGO	condoms	Depo-provera	Orals	IUDs	Total
Pro Redes Salud	0.60	27.00	0	0	27.60
ADASP	0.00	8.25	0	0	8.25
Chuwi Tinamit	0.12	1.75	0	0	1.87
Eb Yajaw	0.00	14.5	0	0	14.5
FUNRURAL	0.00	0.00	0	0	0.00
Kajih Jel	0.48	0.75	0	0	1.23
PRODESCA	0.00	0.00	0	0	0.00
Renacimiento	0.00	0.50	0	0	0.50
Wukup Batz	0.00	1.25	0	0	1.25

3. Provision of Services Second Quarter, 2003: Community Participation

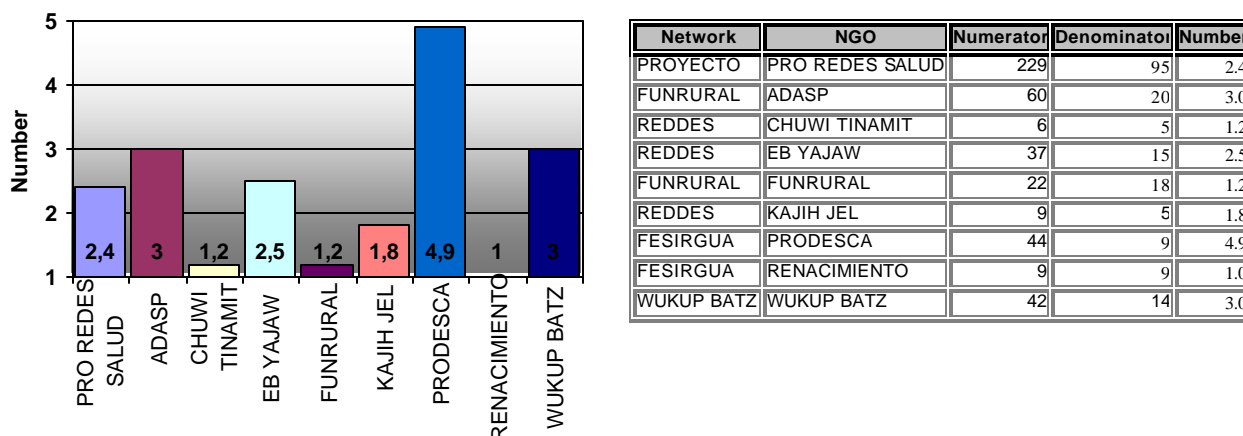
Table 33: Average number of meetings with Comites de Salud per FC, second quarter 2003 (goal 3, average achieved 3)



Network	NGO	Numerator	Denominator	Number
PROYECTO	PRO REDES SALUD	282	95	3.0
FUNRURAL	ADASP	42	20	2.1
REDDES	CHUWI TINAMIT	34	5	6.8
REDDES	EB YAJAW	44	15	2.9
FUNRURAL	FUNRURAL	23	18	1.3
REDDES	KAJIH JEL	10	5	2.0
FESIRGUA	PRODESCA	79	9	8.8
FESIRGUA	RENACIMIENTO	8	9	0.9
WUKUP BATZ	WUKUP BATZ	42	14	3.0

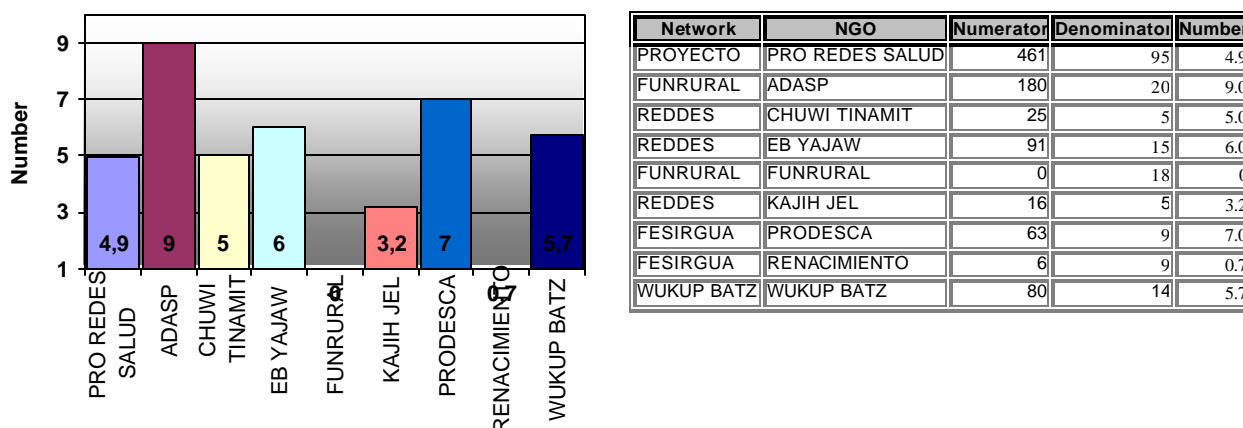
This indicator measures the ability of the NGOs to involve the community in the project. Each FC should meet with his or her health committee at least once a month, or 3 times in a quarter. The above table shows an average of 3 meetings held by each FC with community health committees in this quarter. NGOs ranged from 0.9 to 8.8 meetings with health committees per FC during the period.

Table 34: Average number of community assemblies to discuss the results of the sala situacional per FC, second quarter 2003 (goal 3, average achieved 2.4)



This indicator also measures the ability of NGOs to involve the community in the project. Each FC should hold a community assembly each month to present the sala situacional, or 3 times in a quarter. The above table shows an average of 2.4 community assemblies held by each FC during the quarter. NGOs ranged from 1.0 to 4.9 community assemblies per FC during the period.

Table 35: Average number of meetings with small community groups per FC, second quarter 2003 (goal 3, average achieved 4.9)



This indicator also measures the ability of NGOs to involve the community in the project. Each FC should meet with other community groups at least once a month, or 3 times a quarter. The above table shows an average of 4.12 meetings per FC with other community groups during the quarter. NGOs ranged from 0 to 9.0 meetings with community groups per FC during the period.

Objective 5: Incorporate family planning, IMCI (AIEPI) and AINM-C protocols into service delivery

The purpose of this objective is to incorporate family planning and the new protocols for AIEPI (Manejo de Casos) and AINM-C (Promocion y Prevencion) into network and NGO service delivery.

A. Training of selected NGOs and networks and incorporation of AIEPI AINM-C protocols and family planning into service delivery

In 2003, networks and NGOs began training their community volunteers in AIEPI AINM-C, beginning with Module I. Pro Redes and APROFAM also signed a Memorandum of Understanding, and conducted joint training of networks and NGOs in family planning and logistics. In May, APROFAM delivered the first lot of contraceptives to all centros comunitarios. Networks and NGOs also received training in the implementation of revolving drug funds, received their seed lot of pharmaceuticals and began full service delivery. For a complete discussion of project training see the section on strengthening in Component II, below.

MONITORING AND EVALUATION COMPONENT I

A. Completion of the community-based reporting system for AIEPI AINM-C

1. Completion of draft forms and the field test

As mentioned in the 2002 Annual Report, in mid-2002 Pro Redes realized that the current MOH reporting forms (SIGSAs) were not consistent with the terminology used in the AIEPI AIMN-C protocols and therefore would not provide the information necessary to either report progress to USAID or adequately monitor the implementation of the national strategy.

This situation was discussed with the MOH/UPS1, and it was agreed that Pro Redes would take up the task of modifying the current SIGSA forms used by MOH, pilot test the revised forms for several months with the networks and NGOs, and then develop a set of new forms that might be used within the PEC SIAS NGO program to report on community-based AIEPI AINM-C nationwide.

During the first half of 2003, Pro Redes completed the development of a set of draft forms and trained the networks and NGOs in their use. NGOs in turn trained their community level Facilitadores Comunitarios. The MOH/UPS1 provided project NGOs with a supporting letter to Areas and Districts explaining the pilot testing of a complementary community level information system for AIEPI AINM-C. The forms were then pilot tested, with supervision from NGOs and project staff, from March through mid-May.

2. Review of the piloted instruments by first round networks and NGOs

Once the pilot test period had been completed, in June project staff, networks and NGOs met in five local teams to review the instruments and provide comments. The project was pleased to see that in most Areas these teams also included personnel from the MOH. In mid-June, Pro Redes held a meeting with NGO and MOH representatives from the local teams to receive comments.

3. Modification and finalization of the reporting system for AIEPI AINM-C

Instruments were revised in the last week of June by project staff based on the recommendations from these groups. The final instruments are being reproduced this month and will be used as the basis for project monitoring throughout the life of the project. For a copy of the final instruments, see Annex A of this report.

III. Component Two: Formation and Strengthening of NGO Networks, Project Objectives and Results First Semester, 2003

Objective 6: Form new NGO Networks

This project objective is directed at encouraging individual NGOs to form legal networks, based on the hypothesis that funding and support for individual NGOs would be simplified and improved if conducted through a network.

A. Formation of new NGO networks to date

Since the project was conceived, seven new NGO networks have been formed and are now legally constituted. These are:

1. Red para el Desarrollo Sostenible (REDDES)
2. Federación de Salud Infantil y Reproductiva de Guatemala (FESIRGUA)
3. Corporación de Organizaciones de Desarrollo Integral (CONODI)
4. Coordinadora Integral de Asociaciones Marquenses (CIAM)
5. Red de Estudio para el Desarrollo Integral Socioeconómico “Redis Q’Anil”
6. Asociación de Entidades de Desarrollo Humanitario (ENDESA)
7. Coordinadora de Asociaciones Maya Indígena del Norte (CAMINO)

Although the project continued to offer legal assistance to NGOs in the formation of networks in the first half of 2003, no new networks were formed during that period.

Objective 7: Encourage the creation of one or more umbrella NGO Networks

This project objective aims at the unification of Guatemalan NGO networks into one or more umbrella networks – a network of networks, generally known as a Federation. This is to be accomplished if possible and feasible before the end of the project.

A. Formation of one or more umbrella NGO Networks or Federation

As mentioned in the 2002 Annual Report, many of the project NGO networks are newly-formed and are therefore primarily interested in being strengthened as individual networks. Most have for the most part not yet reached the stage in their development where they are ready to join together in a Federation. Nonetheless, the project has attempted to unify the networks by bringing them together as much as possible and allowing them to interact and gain confidence in each other. For instance, during this period the five networks worked together in the development and definition of the revolving drug funds and pilot tested and modified the new AIEPI AINM-C information system for the community level, discussed above. It is hoped that bringing these groups together may indeed interest them in forming a Federation in the future.

In order to be prepared to assist NGOs to develop a future Federation, the project felt it was important to become familiar with successful Federation models and have a clear idea of a direction that might work in Guatemala. The two NGO Federation models in Latin America that have had the most success are PROCOSI (Bolivia) and NicaSalud (Nicaragua). Both PROCOSI and NicaSalud are Federation models that are led by US-based PVOs with local NGO members. Models that combine the strengths of US-based PVOs with local NGOs appear to be more viable than Federations that are made up solely of local NGOs.

In early 2003 the project director attended a workshop in Nicaragua sponsored by BASICS and was able, during that workshop, to bring together US-based NGOs working in Guatemala (Save the Children, CARE, PCI and others) with representatives from PROCOSI and NicaSalud to discuss this topic. During this impromptu round table discussion, the Guatemala-based PVOs showed significant interest in forming a Federation along similar lines, and staff from both PROCOSI and NicaSalud offered their technical assistance if the group should indeed decide to follow up on the discussion. In addition, BASICS showed considerable interest in funding a meeting in Guatemala in 2003 which would bring PROCOSI and NicaSalud to Guatemala to meet with the Guatemala-based PVOs and some local NGOs and NGO networks, as well as others who had also joined the group and showed interest – most notably representatives from USAID/El Salvador and the US-based PVOs in El Salvador.

Upon return to Guatemala, Pro Redes proposed to the Mission that the project follow up on this initial discussion with the Guatemalan PVOs, PROCOSI and NicaSalud and BASICS to explore the formation of a Federation among PVOs and project networks. The Mission, however, was not encouraging in its support, citing possible lack of funding and other issues. Therefore, the project will continue to bring its NGO networks and NGOs together frequently over the life of the project and encourage them to work together in the future, with or without the formal structure of a Federation.

Objective 3: Strengthen networks and NGOs, Objective 4: Promote NGO-NGO training and technical assistance and Objective 5: Incorporate family planning, IMCI (AIEPI) and AINM-C protocols into service delivery

A. Overview

The following section provides an overview of the groups of networks and NGOs to be strengthened by the project and the methods to be used.

1. Three groups of networks and NGOs being strengthened

Pro Redes is strengthening the following three grouping of networks and NGOs over the life of the project:

1. Grantees: First round grantee networks (5) and grantee NGO members (9) implementing projects
2. Non-Grantees: All of the non-grantee NGO members of the five grantee networks that work in health and are interested in receiving strengthening (47 NGOs)
3. SIAS PEC NGOs: The eight health Area groupings of NGOs that have projects currently funded through the SIAS PEC NGO program funded by the MOH in the focus highland departments (55 NGOs)

This three-pronged approach to network and NGO strengthening should allow the project to provide strengthening to most of the NGOs currently working in health in each of the highland departments, as many will be reached either because they are currently funded by the MOH or because they are in one of the selected project networks.

2. Types of strengthening being provided

Strengthening of these groups is aimed at improving the capacities of the networks and NGOs in the following four areas:

- To provide quality technical care based on the new community-based IMCI (AEIPI or Manejo de Casos) and AINM-C (Prevention and Promotion) protocols as well as family planning, HIV/AIDS, breast and cervical cancer
- To improve their administrative and financial systems to manage their programs more effectively
- To improve program sustainability through the implementation of revolving drug funds and increased community empowerment (grantees only)
- To improve other areas of weakness identified by the networks and NGOs through an auto-diagnostico process and the development and selective funding of network strengthening plans

3. Strengthening methodologies

The strengthening methodology being implemented by Pro Redes Salud involves a mixed approach including:

- Direct training of network and NGO staff by the project
- Cascade NGO network training of their NGOs (NGOs training NGOs)
- NGO training of other NGOs (NGOs training NGOs)
- NGO training of their staff and community personnel
- Training of network and NGO staff by the MOH or other partners such as APROFAM

4. Incorporation of new AIEPI AINM-C protocols into service delivery

Following the completion of AIEPI AINM-C training in late 2002, networks and NGOs began incorporating family planning and the new protocols into service delivery. The degree of incorporation has varied depending upon the source of funding of the network and NGO as follows:

- Grantees: Those networks and NGOs with network grants from Pro Redes for community-based service delivery have incorporated these new protocols into their projects and are being evaluated accordingly.
- Non-Grantees: The other NGOs in selected networks who are receiving strengthening under the project but are not being funded for service delivery either by the project or the MOH are being encouraged to incorporate these into their community level activities, however this will be more difficult to ensure as the project is not providing funding for implementation. At the current time networks have completed training of NGO staff and are training their FCs. The project will follow up with these NGOs in the second half of 2003 to see if the protocols are being implemented in their areas.
- SIAS PEC NGOs: Those NGOs who are being strengthened and funded under the SIAS PEC NGO program will also be expected by the MOH to incorporate these new protocols into their service delivery.

B. Activities related to the revision of AIEPI AINM-C materials and implementation of Revolving Drug Funds

1. Support to the revision of training and IEC materials in community-based IMCI (AIEPI or Manejo de Casos) and AINM-C (Promocion y Prevencion)

In the second half of 2002, Pro Redes used the first draft AIEPI AINM-C materials to train NGO network and NGO technical staff and Facilitadores Comunitarios from the first funding round (5 networks and 9 NGOs). For more information on this training, see the Annual Report 2002.

In the first quarter of 2003, lessons learned from this experience were shared with staff from Calidad en Salud and the MOH in order to improve the second draft of the AIEPI AINM-C training modules and IEC materials. Pro Redes provided Calidad en Salud with a copy of its training modules and meetings were held to review training contents and make changes in modules and protocols. Project staff responsible for behavior change/IEC continued to work closely with the Interagency IEC Group in the review of supporting IEC materials.

As a result of this collaboration, in the first half of 2003 Calidad en Salud made changes in the AIEPI AINM-C training materials, protocols and IEC materials. The revised IEC materials have been used by Pro Redes in the training of second round NGOs and SIAS PEC NGOs (see details on training, below). The new IEC materials are a significant improvement over those used in 2002. Therefore, the project has also budgeted funds to reproduce the new materials and will provide them to first round NGOs to replace those used during the earlier training.

2. Support to networks and NGOs in the implementation of revolving drug funds

In the last half of 2002, Pro Redes met with the networks to discuss the revolving drug funds. The five networks formed a joint Comision del Fondo Revolvente de Medicinas (FRM) to assist the project in the development of the general terms for fund implementation. In November the project developed a guidelines document and reporting forms which were given to the NGOs in early December, to assist them in the development of their revolving fund plans. In December each of the five networks developed a plan describing the way in which their revolving drug fund would be handled, and presented it to the project before the holidays.

Continuing with this process, in January-February 2003, the project reviewed and assisted the networks to develop their final plans for the implementation of their revolving drug funds. The networks then conducted training of their NGO technical staff and Facilitadores Comunitarios. Details on this training are also presented in Component II, below.

Because the medicines arrived in Guatemala in late December, the combination of the holiday break and the need for repackaging slowed the delivery of seed pharmaceuticals to the first round NGOs. The shipment of seed pharmaceuticals left customs in the third week of January, when the handling NGOs Project Hope and Knights of Malta returned from their holiday break. Once the medicines were received by Pro Redes, those needing re-packaging were sent out to be redone, a process that took two weeks. After repackaging was completed in early February and all medicines had been received by the project, they were then repackaged and distributed to the networks, which in turn distributed them to the NGOs. The NGOs then repackaged them and sent them on to the centros comunitarios.

All centros had received their medicines by mid-March, when classification and management of illnesses could begin. In the meantime, from January to March, networks and NGOs dedicated themselves to setting up and inaugurating their centros comunitarios, vaccinating and providing growth monitoring and providing counseling in their communities. From March to the present time, Pro Redes has continued to provide significant technical assistance to the networks and the NGOs in the implementation of their revolving funds. For more information on the progress of these funds, see the section on sustainability and revolving funds under Component II, below.

C. Grantees: Strengthening of the 5 grantee Networks and the 9 grantee NGOs in the first half of 2003

The intensive training of grantee technical staff and FCs in AIEPI AINM-C was completed in December, 2002. Therefore, the highest priority for this round of networks and NGOs in the first half of 2003 was to consolidate activities on the community level. For this reason, the project conducted less training of grantee networks and NGOs in the first part of 2003 than in the previous year. Nonetheless, training did take place. The training tables on the following pages present details on the training provided to grantee networks and NGOs in the first half of 2003. In summary, training consisted of the following:

1. Financial-Administrative Training:

During this semester a total of 61 persons received financial-administrative strengthening from grantees, 21 from the 5 networks, and 40 from the 9 NGOs. Training was as follows:

- a. Training in the new NGO laws:** In 2003, the Guatemalan government passed new tax laws to increase control over NGOs. At the request of the networks, on January 19, Pro Redes supported the participation of representatives from the five NGO networks in an event held in the Hotel Marriott regarding the new laws affecting NGOs in Guatemala. A total of 48 persons attended this one-day training session: 17 from the networks and 31 from the NGOs.
- b. Training in financial and counterpart reporting:** During their first six months of funding grantees performed reasonably well in their financial reporting, however the project was able to identify problems common to many. In addition, most networks and NGOs were under-reporting counterpart funding. Therefore February 29-31, 2003, Pro Redes supported a three-day training of network and NGO financial staff to improve their financial and counterpart reporting. In preparation for the event, the project developed a counterpart manual and simplified counterpart forms. The event was held in Panajachel. A total of 13 persons attended this training: 4 from the networks and 9 from the NGOs.



Training of network and NGO financial and administrative staff in financial systems and counterpart reporting

2. Technical Training

During this semester, a total of 607 persons from grantees received technical strengthening, 32 from the 5 networks and 564 from the 9 NGOs. Training was as follows:

- a. AIEPI AINM-C cascade training of vigilantes (community volunteers) in Module I:** In 2002, first round networks and NGOs completed the training of their technical staff and FCs in AIEPI AINM-C. Training of volunteers (vigilantes) was delayed in 2003 awaiting the completion of training modules by Calidad en Salud and the MOH. Once these were approved, training began. In the first half of 2003, 3 vigilante trainings were conducted in Totonicapan and Quetzaltenango. These training were 3 days in duration and covered Module I (out of 3 modules). A total of 7 NGO trainers trained 130 vigilantes during these training sessions. Pretest scores ranged from 53-75, while post test scores ranged from 66-87.



Training of vigilantes in growth monitoring

- b. Training in the project information system for the reporting of AIEPI AINM-C:** January 30 and 31, 2003 the project conducted a two-day training with the five networks and 9 NGOs to introduce them to the community-based information system for AIEPI AINM-C to be piloted by Pro Redes, discussed above, and to obtain their comments before putting the forms into final. The event was held in Panajachel. A total of 42 people attended this workshop: 7 from the networks and 35 from the NGOs. Participants provided valuable comments that were taken into account before the forms were reproduced and distributed for the pilot test.



Training of NGO technical personnel in the AIEPI AINM-C information system

- c. **Network and NGO replicas of training in the project information system for the reporting of AIEPI AINM-C activities, with Facilitadores Comunitarios:** Once the central level training had been completed in January, the networks and NGOs conducted a cascade training of their staff and FCs. Nine training sessions were conducted throughout the highlands, ranging in 1-3 days in length. A total of 28 NGO trainers trained 110 Facilitadores Comunitarios in the new community-based information system. Details on these training sessions are presented in the training table on the following pages.
- d. **Revision of the draft AIEPI AINM-C information system following the pilot test:** The draft AIEPI AINM-C information system forms were then pilot tested by networks and NGOs for three months, from March through May. Once the pilot test period had been completed, on June 9 and 10, Pro Redes brought the networks and NGOs together to discuss them and make changes. Meetings were first held throughout the highlands by local technical teams, each of which selected a representative to attend the workshop and relay the local results to the group. A total of 14 participants attended the June workshop in Quetzaltenango, 3 from the 5 networks, 10 from the 9 NGOs and 1 from the MOH. For more on the development of the AIEPI AINM-C information system, see the section in this report.



Network and NGO review of AIEPI AINM-C information system after the pilot test period

- e. **Training in family planning:** The AIEPI AINM-C training conducted with network, NGO and community-level personnel in 2002 included some information on family planning. Upon analysis of contents, however, the project staff felt that more training was needed. For this reason, the project sponsored a two-day training in family planning for the five networks and 9 grantee NGOs on February 25 and 26. The event was held in Panajachel. A total of 31 participants attended: 4 from the networks and 27 from the NGOs. The pretest score averaged 61, while post-test score was 92.



Training of network and NGO technical staff in family planning

- f. **Training in the APROFAM logistics system:** In addition, as the project had signed a Memorandum of Understanding with APROFAM, it was important that the grantees also learn to handle the contraceptive logistics and reporting system they would be using. For this reason, the project sponsored a two-day training in family planning for the five networks and 9 grantee NGOs on February 27 and 28. The event was conducted by APROFAM and was held in Panajachel. A total of 39 participants attended: 9 from the networks, 20 from the NGOs and 10 from Pro Redes. The pretest averaged 80, while the post-test was 95.



APROFAM training of networks and NGOs in the family planning logistics system

- g. Network and NGO replicas of training in family planning and APROFAM logistics system among FCs:** As with the information system, once the central level training had been completed in February, the networks and NGOs then conducted cascade training of their staff and FCs in family planning and logistics. In the months of February and March, 8 training sessions were conducted in different departments throughout the highlands, ranging from 2-3 days in length. A total of 28 NGO trainers trained 91 FCs in family planning and APROFAM logistics. Details on these events are also presented in the following training table. Pretest scores ranged from 38-64, while post-test scores ranged from 72-93.
- h. Network and NGO training of FCs and other NGO staff in the Revolving Medicine Funds:** Once the five network revolving fund plans had been approved by Pro Redes in January, networks were given the go-ahead to train their grantee NGOs. Nine training sessions were conducted by networks and NGOs throughout the highlands in the months of February and March, ranging from 1-2 days in length. A total of 22 network and NGO trainers trained 118 FCs and NGO personnel in the management of revolving drug funds. See the training table on the following pages for details.

3. Technical Assistance

Pro Redes continued to provide intensive technical assistance to network and NGO grantees in the first half of 2003. This support was given through 8 Departmental Coordinators, whose offices are located in the highland areas in which the NGOs are implementing their projects. Support is also

provided by 3 Technical Coordinators, based in the capital city. The following table is a summary of the types of support provided by the Departmental Coordinators during this period.

Table 36: Technical assistance provided to networks and NGOs by Departmental Coordinators, January-June, 2003

Types	Chimal-tenango	Solola	Quiche	Toto-nicapan	Quetzal-tenango	San Marcos	Huehue-tenango (south)
Visits to centros comunitarios to review equipment and supplies	10	23	60	14	38	20	1
Visits to centros comunitarios to supervise service delivery	5	9	60	6	18	7	15
Visits to centros comunitarios to validate the supervision instrument	5	7	2	6	2	0	3
Visits to centros comunitarios to supervise the revolving drug fund	10	13	3	3	10	7	6
Visits to centros comunitarios for integrated monitoring of activities	10	14	60	6	18	5	3
Meetings with NGOs on the information system	8	4	6	5	4	2	2
Meetings with the NGO technical team	12	9	12	20	7	5	4
Meetings to develop monthly plans	12	8	12	4	6	6	2
Meetings to analyze data on service provision	12	4	12	2	5	6	2
Review of plans and budgets	12	11	1	1	7	3	4
Visits to communities with NGOs to determine location of centros comunitarios	15	19	50	4	24	8	2
Meetings with NGOs to	16	11	13	2	5	0	15

strengthen census and mapping							
Meetings with other community members (mayors, etc.)	8	2	12	2	15	4	2
Support to the NGO during community assemblies	7	0	12	1	2	2	15
Support to the NGO during inauguration of centros	5	0	12	3	0	20	15
Meetings with the NGOs to select personnel	8	2	3	1	2	1	0
Technical assistance support to NGOs during training of FCs in revolving funds	4	1	2	0	4	1	2
Technical assistance support to NGOs during training of FCs in family planning	4	3	2	3	2	1	1
Technical assistance support to NGOs during training of FCs in contraceptive logistics	4	3	2	1	0	1	1
Technical assistance support to NGOs during training of FCs in Module 1 for vigilantes	0	0	3	4	5	1	0
Technical assistance support to NGOs during training of FCs in the information system AIEPI AINM-C	4	2	2	1	4	1	1
Technical support to networks during training of NGOs in the revolving funds	0	1	6	0	2	0	1
Local technical team meetings (network, NGO,	6	3	15	3	12	6	5

PRS)							
Meetings with the NGO and Area on the baseline results and information system	0	3	0	0	0	0	0

Problems encountered: Some maps did not include all households; sectors in the maps were sometimes were not well distributed; some centros were not fully equipped or supplied or were being equipped and supplied slowly by the NGO and network; lack of client privacy in some centros; technical teams and CDs experienced difficulty in visiting remote centros due to distances and lack of transport; lack of technical support from the network to the NGO in one department; changes in NGO personnel in one district; population of some communities insufficient to cover the assigned population; FCs requesting an increase in monthly pay; network NGO implementing general medical consults in project areas and delivery of donated milk; some FCs not working full time due to need to work in the fields; need for changes in some FCs; some communities not enthusiastic about promotion and prevention because want the visit of a doctor and free medicines; FC difficulty in filling out certain forms; lack of some medicines in some CCs; turnover of vigilantes due to migration.

Solutions implemented: Assemblies held in communities to change the FCs or locations of the centros comunitarios; meetings held with the NGO and vigilantes to re-do maps; all centros reviewed and equipped and supplied; meetings held with accountants and NGO and network coordinators to equip and supply centros more quickly; cloths were hung or walls put up in centros to increase privacy; efforts were made by NGOs to purchase motorcycles; efforts were made by CDs to mobilize transport from Areas for field visits to centros; meetings were held with the network and NGO to establish agreements on support and responsibilities; negotiations with the district to identify new communities; NGO review of levels of FC pay; meetings with the network to cease activities that might harm the implementation of AIEPI AINM-C by the FC; meetings held with communities to explain AIEPI AINM-C and the need for revolving funds; reinforcement of FC understanding of information system forms; reinforcement of NGO understanding of the medicine revolving fund; meetings with FCs and vigilantes.

D. Non-Grantees: Strengthening of interested non-grantee NGO members of the five NGO networks in the first half of 2003

1. Networks and potential NGO members to be strengthened

The following table is a list of the NGO members of each of the five networks. NGOs without asterisks are those who are non-grantees.

Table 37: Networks and total NGO members to be offered strengthening (* are the 9 NGOs with grants, the rest are the non-grantee NGOs)

Network	Member NGOs	TOTALS
CONODI	Salud sin Limites*	
	AINCOS	
	AMUPEDI	

	AMDI	
	ACMPASA	
	Wajxaqib B'atz	
	CORSADEC	
	CMM	
	ADIMC	
	ADIM	
	Covesp R.L. .	
	AHUEDI	
	ASOHUEHUE	
	Total	13
FESIRGUA	PIES de Occidente	
	Rixin Tinamit	
	IDEI	
	Belejeb B'atz	
	SHARE	
	Coop. El Recuerdo	
	ASECSA	
	Renacimiento*	
	Aq' bal Prodesca*	
	CDRO	
	Total	10
Wukup B'atz	ELA	
	CONCERTEP	
	Wukup B'atz*	
	Adisdogua	
	Total	4
FUNRURAL	FUNRURAL*	
	ACOGUA	
	ADASP*	
	COUSXA	
	FEDECOVERA	
	CODEPA	
	CAFESANO	
	Coop. San Predrana	
	AGROSALUD	
	Coop. Agri. Esquipulas	
	GUATESALUD	
	Coop. Santa Catarina	
	Coop. La Florida	
	Coop. Into. Hoja Blanca	
	Total	14
REDDES	ATI	
	APROSAMI	

	IMDI	
	ASOCVINU	
	Eb Yajaw*	
	Acuala	
	GENESIS	
	Kajih Jel*	
	Chuwi Tinamit*	
	Yun Qax	
	ADECO	
	ADIVES	
	TIMACH	
	ADAD	
	ASODESI	
	SEPRODIC	
	Total	16
	TOTAL	57 (48 non-grantee NGOs)

2. Network Strengthening Methodology: The Diagnostico Situacional, Strengthening Plans and Project Support

As mentioned in the 2002 Annual Report, experience with NGO networks has shown that the first step in strengthening is to assist the network and its member NGOs analyze their strengths and weaknesses as individual organizations and as a group. While most networks have a general knowledge of NGO members and the kind of work they do, a network rarely knows its strengths and weaknesses as a group in detail. If it is to develop an action plan for the strengthening of its membership, it is clear that the network first needs to know how it is doing.

- a. Diagnostico Situacional:** For this reason, in 2002 Pro Redes developed of an instrument that networks could use as tool for the implementation of their Diagnostico Situacional. The instrument is in the Annexes of the 2002 Semi-Annual Report. In 2002, the Diagnostico Situacional instrument was completed by 48 NGOs from the five networks in the first funding round. The results of these network and NGO diagnosticos were presented in the 2002 Annual Report. The distribution of the NGOs by network is as follows:

➤ REDDES:	16 NGOs
➤ FESIRGUA:	9 NGOs
➤ CONODI:	13 NGOs
➤ Wukup B'atz:	3 NGOs
➤ FUNRURAL:	7 NGOs
Total	48 NGOs

b. Network workshops to analyze Diagnostico information and development of Strengthening Plans

REDDES: On December of last year the project funded a meeting of the network REDDES and its NGO members to analyze its Diagnostico information and develop a Strengthening Plan. Each member was asked to fill in a matrix listing and prioritizing its needs. The network was then charged with analyzing member needs and developing an overall Plan. On March 3, 2003 the Plan was presented and approved unanimously by the Board of Directors and 80% of the NGO membership.

FESIRGUA: In December of last year the project also funded a meeting of the network FESIRGUA and its NGO members to analyze the results of the network Diagnostico and develop a Strengthening Plan. Each member was asked to fill in a matrix listing and prioritizing its needs. The network was then charged with analyzing member needs and developing an overall Plan. Plan was completed by March 26th, 2003 and submitted to the project for consideration.

CONODI: On May 2, 2003 the project funded a meeting of the NGOs in the network CONODI to analyze the results of the network Diagnostico and develop a Strengthening Plan. A total of 19 persons from the network and member NGOs attended this workshop.

Wukup B'atz: In June, the project funded a meeting of the NGOs in the network Wukup B'atz to analyze the results of the network Diagnostico and develop a Strengthening Plan. Participants represented the 3 NGOs in the network.

3. Results of the Network Strengthening Plans and requests for support

REDDES: On March 12th, the network REDDES presented its Network Strengthening Plan to Pro Redes Salud. The network based its analysis on the Diagnostico Situacional developed with Pro Redes, as well as the results from two other diagnosticos implemented by REDDES: A SWOT analysis done with 16 NGO members, and a network evaluation done in December, 2002. The network also presented its Global Plan for the period 2002-2004. The 7 top priorities for strengthening identified by REDDES were as follows:

REDDES Strengthening Plan priorities and estimated costs (16 NGO members)

Priorities for Strengthening	No. of NGOs	Type of support
1. Institutional sustainability	16	Funding needed for 8-day training, estimated cost \$10,000
2. Nutrition – AIEPI AINM-C	11	Training of technical staff (3 NGOs) Training of 90 FCs (9 NGOs) Equipment and IEC materials for implementation (10 NGOs)
3. Legal and financial	16	Funding needed for training and materials, estimated cost \$2,000
4. Cervical cancer	10	Funding needed for training of 20 technical staff,

		estimated cost \$2,275 (10 NGOs) Equipment and supplies for PAP, estimated cost \$675 (10 NGOs) Funding for PAP and activities, estimated cost \$1,719 (16 NGOs)
5. Equipment	9	Computer equipment for NGOs, estimated cost \$14,000 Purchase of motorcycles, estimated cost \$7,000
6. Administration and accounting	16	Funding for basic accounting packages, inventory control, estimated cost \$11,250
7. Productive projects for sustainability	2	Development of commercial projects in natural medicine (2), estimated cost \$5,000
Total Cost		\$52,994 + cost of AIEPI AINM-C training and materials

FESIRGUA: On March 26th, the network FESIRGUA presented its General Strengthening Plan to Pro Redes Salud. The network based its analysis on the Diagnostico Situacional developed with Pro Redes, and monitoring network monitoring visits to NGOs. The Plan was developed by members during a 2-day workshop supported by Pro Redes Salud. The 13 top priorities for strengthening identified by FESIRGUA in their Plan were as follows:

FESIRGUA Strengthening Plan priorities and estimated costs (8 NGO members)

Priorities for Strengthening	No. of NGOs	Type of support
1. AIEPI AINM-C	8	15-day Training of technical staff Training of FCs Equipment and IEC materials for implementation
2. Monitoring of AIEPI AINM-C	8	Funding for a consultant, the development of a monitoring instrument, and quarterly monitoring of AIEPI AINM-C among NGOs. Funding for feedback and reinforcement as necessary. Estimated cost \$3,450
3. Family planning	8	Funding for an international consultant and a 3-day workshop to review the implementation of FP and update knowledge on contraceptive technology and innovative strategies. Development of NGO plans to improve FP services Estimated cost \$2,169
4. ETS and HIV/AIDS	8	Funding for a 3-day workshop to train a group of trainers within the network, then funding for the replica among NGO members. Development of NGO plans to integrate ETS and HIV/AIDS services into existing programs. Estimated cost \$1,022
5. Cervical and breast cancer	8	Funding for a 2-day workshop to train a group of trainers within the network, then funding for the

		<p>replica among NGO members. Development of NGO plans to integrate cancer services into existing programs.</p> <p>Estimated cost \$1,022</p>
6. Development of monitoring systems	8	<p>Funding for a consultant and a 2-day workshop to develop a monitoring system for reproductive health and infant health including review of indicators, instruments, etc. Development of a monitoring plan for each NGO.</p> <p>Estimated cost \$996</p>
7. Creation of a network information system	8	<p>Funding for a technical team to develop a simple network information system including a data base, using the system of one of the members as the basis.</p> <p>Estimated cost \$2,613</p>
8. Organizational and administrative manuals	8	<p>Funding to review the operational and administrative manuals used by each of the NGOs, evaluate them, and provide strengthening.</p> <p>Estimated cost \$3,750</p>
9. Sustainability	8	<p>Funding for a 3-day workshop to review the new NGO laws, fiscal responsibilities, cost analysis methods, and present examples of NGOs that are sustainable. Development of a sustainability plan for each NGO, and a cost analysis.</p> <p>Estimated cost \$2,231</p>
10. Accounting structure	8	<p>Funding for consultant and a 2-day workshop on accounting standards for NGO accountants.</p> <p>Estimated cost \$1,488</p>
11. Project cycle	8	<p>Funding for a consultant and a 3-day workshop on the project cycle.</p> <p>Estimated cost \$625</p>
12. EPI INFO 2000 or ACCESS	8	<p>Funding for training in the use of EPI INFO or ACCESS to improve management of data within the NGO (Pro Redes personnel as facilitator)</p> <p>Estimated cost \$813</p>
13. Use of software	8	<p>Funding for training of directors and boards of directors in the use of software such as Windows, Powerpoint, email and the internet</p> <p>Estimated cost \$1,138</p>
Total Cost		\$21,317

CONODI: In June, network CONODI presented its Network Strengthening Plan to Pro Redes Salud. The network based its analysis on the Diagnostico Situacional developed with Pro Redes, the only analysis done by the network to date. The 5 top priorities for strengthening identified by CONODI were as follows:

CONODI Strengthening Plan priorities and estimated costs (13 NGO members)

Priorities for Strengthening	No. of NGOs	Type of support
1. AIEPI AINM-C	10	Funding for a 5-day training of 98 technical staff Training of FCs IEC materials for implementation Estimated cost \$8,407
2. Administration	13	Funding for training in each of the organizational steps of an NGO including general and extraordinary assemblies
3. Legal requirements	13	Funding for meetings with NGOs to review and improve NGO statutes
4. Training	13	Funding for training in training methods and support during training events, training materials and equipment
5. Medicine sales	13	Funding for training in setting up and legalizing the sale of medicines (ventas sociales, botequines rurales)
Total Cost		No cost estimates provided

Wukup B'atz: On July 10th, the network Wukup B'atz presented its Network Strengthening Plan to Pro Redes Salud. The network based its analysis on the Diagnostico Situacional developed with Pro Redes, the only analysis done by the network to date. The 6 top priorities for strengthening identified by Wukup B'atz were as follows:

Wukup B'atz Strengthening Plan priorities and estimated costs (4 NGO members)

Priorities for Strengthening	No. of NGOs	Type of support
1. AIEPI AINM-C	4	Funding for a 3-day training of technical staff Training of community level personnel IEC materials for implementation Estimated cost \$1,450
2. Development programs (communal banks, agriculture projects, self-employment projects)	4	Funding for a 2-day training of technical staff Training of community level personnel Estimated cost \$1,050
3. Elaboration of organizational manuals, internal policies, norms and procedures in line with SAT	4	Funding needed for a consultant, training and materials, plus monitoring of application Estimated cost \$3,945
4. Sustainability of health and development projects	4	Funding needed for a consultant, training and development of strategic plans Estimated cost \$1,750
5. Equipment	4	Purchase of 4 computers, 4 printers and 4 photocopier machines Estimated cost \$7,093
6. Gender	4	Funding for a consultant and a 4-day training in

		gender, and the replica among NGO personnel Estimated cost \$1,813
Total Cost		\$17,101

FUNRURAL: Seven NGOs from the network FUNRURAL completed the diagnostic instrument. Data was entered, the network was given its report and offered funding for a workshop to analyze results and develop a network Strengthening Plan, however the network has not shown any interest in receiving strengthening to date. Pro Redes will continue to encourage the network to take advantage of the offer of support and develop a Strengthening Plan with its members.

4. *Financial-administrative strengthening provided to networks in the first half of 2003*

During this semester, a total of 46 persons from networks and non-grantee NGOs received financial-administrative strengthening. Training was as follows:

a. FESIRGUA: Training in the legal framework and fiscal responsibilities of NGOs

On June 11, the project funded the network FESIRGUA in the training of member NGOs in the new laws and responsibilities regarding NGOs. A total of 34 persons attended the meeting, 1 from the network 29 from the NGOs. Four project staff from the departmental level also attended.

b. FESIRGUA: Training in sustainability

On June 12, the project funded the network FESIRGUA in the training of member NGOs in the basic concepts regarding NGO sustainability. A total of 16 persons attended the meeting, all from the members NGOs.

5. *Technical strengthening provided to networks in the first half of 2003*

During this semester, a total of 27 persons from networks and non-grantee NGOs received technical strengthening. Training was as follows:

c. Training of FCs in AIEPI AINM-C

All network strengthening plans included the need for technical staff and community level training in the new AIEPI AINM-C protocols and IEC materials. In 2002, Pro Redes supported the AIEPI AINM-C training of teams of network trainers - 20 network trainers among the 5 networks. These network trainers in turn trained 62 technical staff among 22 non-grantee NGOs.

In 2003, these NGOs began training their Facilitadores Comunitarios and other community level personnel. A total of 200 FCs will be trained this year in AIEPI AINM-C among non-grantee NGO members of the five first round networks. All trained FCs will receive a diploma signed by the MOH, as well as a full set of protocols, IEC materials and pediatric scales for implementation. Networks implemented this training in the first half of 2003 as follows:

FESIRGUA: From May 5-21, 2 trainers from the NGO IDEI trained 10 FCs in AIEPI AINM-C. Participants were fully supplied and equipped to implement the strategy following the training. The course took place in Quetzaltenango. A total of 102 FCs are pending training from the other interested NGOs in this network.

CONODI: From June 23 to July 4, 7 trainers from the network and NGOs trained 17 FCs in AIEPI AINM-C. Participants were fully supplied and equipped to implement the strategy following the training. The course took place in Quetzaltenango. A total of 28 FCs are pending training from the other interested NGOs in this network.

REDDES: Training in AIEPI AINM-C is pending for a total of 43 FCs from NGO network members. IEC and other materials have been delivered to the network, and the funding is set aside for this activity.

Wukup B'atz and FUNRURAL: The two remaining networks included all interested members of their NGOs in the network AIEPI AINM-C training they received from Pro Redes in 2002. No additional training has been requested from either network on this topic.

E. SIAS PEC NGOs: Strengthening of SIAS PEC NGOs in the 8 Areas

In the first half of 2003, Pro Redes continued to work closely with the Ministry of Health and Calidad en Salud, in the cascade training of the SIAS PEC NGOs in AIEPI and AINM-C. In the first half of 2003, partners met twice to revise the budget and responsibilities of each one as implementation proceeds in 2003. The steps in the cascade for 2002-2003, partner responsibilities, and training to be conducted in 2003 are as follows:

1. Steps in the cascade training 2002-2003

The steps in the cascade methodology for this training are as follows:

- Step one: Central level TOT (completed in 2002)
- Step two: Training of trainers in each of the eight highland health areas (completed in 2002)
- Step three: Area training of NGO technical personnel (MA, FI) in case management and promotion and prevention (continued from 2002)
- Step four: NGO training of FCs in AIEPI (case management)
- Step five: NGO training of FCs and vigilantes in AINM-C (prevention y promocion)

The first two steps of the cascade were completed by partners in 2002. The cascade process is continuing with step three and the training of NGO and community personnel – steps four and five - in 2003.

2. Partner responsibilities in each step of the cascade

The following table illustrates the types of support that will be provided by each partner in 2003 in steps 3-5 of the process, based on revisions made in January 2003.

Table 38: Revised partner responsibilities 2003 during steps 3-5 of the AEIPI AINM-C training cascade

Step and training	Pro Redes	Calidad en Salud	Unidad Ejecutadora/MOH
3. Training of MAs, FIs in AIEPI and AINM-C by Area teams	Watches for AIEPI	None	100% Cost of pending area trainings + IEC materials + scales
4. Training of FCs by NGOs in case management (AEIPI)	Watches	None	100% Cost of pending area trainings + IEC materials + scales
5. Training of 12,763 FCs and vigilantes by NGOs in promotion and prevention (AINM-C)	100% of the cost of the first 5 days of training Note: the rest of the cost of the training (the last 4 days) will be paid for by the NGOs out of their MOH funding	100% of IEC and training materials (except the manuals for the vigilante trainer, participants and community participation)	100% of the lunches for participants + 100% of the cost of the manual for the vigilante trainer, 100% of the cost of the P and P participants manual, and 100% of the community participation manual
Other support: IEC materials for Centros Comunitarios and Supervision materials	60% of the cost of reproduction of monitoring forms.	100% of the cost of the recordatorio familiar, trifoliales and recordatorio clinico, IEC materials for child health, guides for supervision, supervision training materials and modules, and 40% of the monitoring forms	100% of the community participation manual

3. Training provided in the first half of 2003 in community-based IMCI (case management)

During this semester, a total of 1074 persons from SIAS PEC NGOs received training in community-based IMCI (AIEPI). Training was as follows:

- a. Step three: Training of SIAS NGO technical staff MAs and FIs in case management (AIEPI):** Most health areas completed this step in 2002, however 72 MA's and FI's were pending training at the beginning of 2003. Three 5-day training sessions were conducted during the first quarter of the year in Solola, Chimaltenango and Huehuetenango. Pro Redes provided timers for all participants. The training was funded by the Unidad Ejecutora. The UE also provided all necessary training and IEC materials.
- b. Step four: Training of NGO FCs in AIEPI:** This step in the cascade was scheduled for 2003. During the first semester, a total of 11 ten-day training sessions were held in 4 health areas. A total of 1002 participants (719 FCs) attended this training. Pro Redes provided

timers for all participants. As with the previous activity, this training was funded by the Unidad Ejecutora. The UE also provided all necessary training and IEC materials.

4. Training provided in the first half of 2003 in AINM-C

During this semester, a total of 1,598 persons (692 MAs and FIs and 906 FCs and vigilantes) from SIAS PEC NGOs received training in AINM-C (promotion and prevention). Training was as follows:

- c. **Step three: Area training of NGO MAs and FIs in AINM-C (Promotion and Prevention):** During the first semester of 2003, 15 five-day training sessions for MAs and FIs were held in AINM-C throughout the highlands. A total of 692 NGO personnel received this training – MAs, FIs and others. The training was funded by the Unidad Ejecutora. The UE provided all necessary training and IEC materials. Although Pro Redes did not fund this training, it is included here as part of the cascade.
- a. **Steps four and five: Training of NGO FCs and vigilantes in AINM-C (Promotion and Prevention):** During this semester, Pro Redes began funding the training of 12,763 FCs and vigilantes in promotion and prevention (AINM-C). These FCs and vigilantes work with the 55 NGOs that are currently funded under the SIAS PEC NGO program for the extension of coverage in the 8 highland health Areas. Pro Redes is supporting the first five of the nine days of training. These five days represent over 63,815 person-days of training support. They cover the training of all of Module I and two of the three days of Module II. The other four days, covering one day of Module II and the three days of Module II, will be supported by the NGOs themselves out of their current budgets.

Since this training is complex, involving multiple NGOs and support from all three partners, Pro Redes, the Unidad Ejecutora and Calidad en Salud staff held two joint orientation meetings with MOH Area personnel and representatives of the 55 SIAS PEC NGOs before beginning the training. Pro Redes developed written guidelines for the reimbursal of expenses that were explained to NGOs during these meetings. The first meeting was held on April 29-30 in Quetzaltenango and was attended by 73 participants from the NGOs. The second meeting was held on May 5-7 in Chichicastenango and was attended by 42 participants from the NGOs. Once the training had been scheduled in each Area, NGOs were given Module I by Calidad en Salud, and training began. The summary of training provided to date is as follows:

Training in module I: In May and June, Pro Redes supported 14 three-day training sessions for 7 SIAS PEC NGOs throughout the highlands. NGOs have been reimbursed for the training of a total of 906 FCs and vigilantes in Module I so far, out of the 12,763 expected. This is a total of 2,716 person days reimbursed to date – 4.25% of the total. Calidad en Salud reports as many as 6,000 FCs and vigilantes from the 55 NGOs having completed the training in this module, however most have not yet presented receipts for reimbursal to Pro Redes Salud.

Training in module II and III: As mentioned above, Pro Redes will support two of the three days of training in module II. NGOs will support training in Module III from their operating

budgets. SIAS PEC NGOs have been given module II and, according to Calidad en Salud's records, have begun training. None has yet presented receipts to Pro Redes Salud for reimbursement.

5. Other support provided to the SIAS PEC NGO program

In addition to the support outlined above, Pro Redes also funded APROFAM facilitation of a workshop held by UPS1 with the NGOs from the SIAS PEC program. The purpose of the event was to improve NGO understanding of the APROFAM logistics system. The event was held in Quetzaltenango on June 12th and 13th. There were 48 participants from NGOs, districts and Areas. The pre-test average score was 6.6, and post-test was 8.5.

F. Summary of NGOs training NGOs in the first half of 2003

Among the trainings listed above those conducted by NGO networks with their NGO members, and training conducted by NGOs for other NGOs. As this is often difficult to spot and is a project objective, the following is a summary of these events.

NGO training of NGOs January-June, 2003

Training NGO	No. Trainers	Date and location	Topic	Participant NGOs	No Participants
APROFAM	2	Feb. 17-18, Panajachel	Family planning logistics	14	39
REDDES	4	Feb. 11, June 5, Guatemala	Revolving drug fund	3	23
FESIRGUA	2	Feb. 13, Chimaltenango	Revolving drug fund	2	9
	1	June 11 Tecpan	Legal status and fiscal responsibilities of NGOs	10	34
	1	June 11 Tecpan	NGO sustainability	10	16
CONODI	3	Feb. 6, Quiche	Revolving drug fund	1	14
	1	May 2, Quetzaltenango	Analysis of the Diagnostico and development of a Plan	13	19
	7	June 23-July 4	Training of member NGO FCs in AIEPI AINM-C	7	17

Wukup B'atz	1	March 11, 2003	Revolving drug fund	1	29
FUNRURAL	3	Feb. 10-11, March 14-16	Revolving drug fund	1	31
EB Yajaw and Wukup B'atz	4	Feb. 19 and 20, Quetzaltenango	Community participation, census and mapping	20 (second round networks and NGOs)	67
Total	29			82	298

Objective 8: Design and implement an MOH-NGO collaboration model

The purpose of this objective is to improve collaboration among area health offices, NGOs and other partners working in each area through the strengthening of Consejos de Salud or groups of NGOs on the local level.

A. Background

1. Plan for Strengthening of Consejos de Salud

In 2002, Pro Redes developed a general outline for support to the Area Consejos de Salud, depending upon their status. The following are the three phases of this support:

Phase I: This phase of support involves assistance in the formation and organization of the Consejo where one does not already exist. This first phase of support includes:

- Meetings with the area director and key actors in the area
- An inventory of institutions that includes their geographical coverage and technical activities
- An area health situation analysis
- Socialization meetings with all possible members called by the area director and supported by the project to:
 - Motivate the participants to form a Consejo de Salud
 - Inform about the health situation and current coverages

Phase II: Once the group has decided to form a Consejo, the project moves into phase II support and assists the group to:

- Form the Board of Directors
- Develop internal regulations
- Develop a first Action Plan
- Develop Letters of Understanding between partners

Phase III: Once the plans are developed, each Consejo is then assisted to begin implementation. While the project lacks funds to support all activities planned by each Consejo, Pro Redes will support regular Consejo meetings in all areas, and assist in implementation where possible.

B. Strengthening of the Consejos de Salud and other area level groups of NGOs to date, June 2003

Table 39: Consejo de Salud situation analysis and phase of support

Area Level	District Level	Phase I	Phase II	Phase II
Quetzaltenango		Completed*	Completed*	Ongoing support+
San Marcos		Completed*	Completed*	Ongoing support+
	Concepcion Tutuapa	Completed+	Support to NGOs and the Area+	
	Tacana	Support to Area and NGOs+		
Huehuetenango		Support to Area and NGOs+		
	San Pedro Necta	Completed+	Completed+	Ongoing support+
	Santa Barbara	Completed+	Support to NGOs and the Area+	
	Santa Eulalia	Support to the Area and NGOs+		
	Barillas	Completed*	Completed*	Ongoing support+
Totonicapan		Completed*	Support to NGOs and the Area+	
Quiche		Support to the Area and NGOs+		
Ixil		Support to the Area and NGOs+		
Solola		Completed+	Support to NGOs and the Area+	
	San Lucas Toliman	Support to the Area and NGOs+		
	Concepcion	Support to the Area and NGOs+		
Chimaltenango		Completed+	Support to the Area and NGOs+	

* Before project began

+ With project support

Quetzaltenango:

The Consejo de Salud in this department continues to be one of the strongest in Guatemala. As mentioned in the last report, it is made up of approximately 25 institutions including NGOs, governmental organizations and donor agencies. Leadership is provided by the MOH Area director. The project Departmental Coordinator continued to participate actively in Consejo meetings in the first

half of 2003. At the present time, she is the Secretary of the Board of Directors. In this capacity she attended 6 Board meetings and 6 meetings of the general membership. Meetings are held in the Area offices, and in the Escuela Nacional de Enfermeria de Occidente. During this period, the various commissions in the Consejo de Salud were busy with the implementation of their plans of action.

San Marcos:

The Consejo de Salud in this department is also strong. In this period, the project Departmental Coordinator continued to be an active member and participate in all monthly meetings. Meetings in this period have focused on presentation of advances, coordination of the national vaccination campaigns, monthly situation analyses for each district, and coordination of activities among members.

On the district level, the Consejo Municipal de Salud of Concepcion Tutuapa, formed with assistance from Pro Redes in 2002, moved into Phase II, with the development and implementation of a 2003 action plan. The Departmental Coordinator has continued to support this Consejo in the development of its legal documents, support in health center activities such as vaccination and environmental sanitation, situational analysis, and monitoring of advances in the 2003 action plan. The project Coordinator is currently working with the district of Tacana in the formation of its Consejo Municipal de Salud, currently in Phase I.

Huehuetenango:

The health Area in this department continues to show little interest in the formation of a Consejo de Salud on the departmental level. In 2002, Pro Redes proposed the formation of a Consejo to the Area director with a proposed plan of action, and also joined meetings of the group of PEC SIAS NGOs, held by the departmental PEC Coordinator.

In 2003, a committee for Cooperacion Externa was formed on the departmental level, with participation from Pro Redes, Calidad en Salud, KFW, OPS, and CARE. This group has met 3 times so far to update the list of NGOs in the department and develop a questionnaire to send to all NGOs to complete information on their location and activities. This questionnaire has yet to be sent out to the institutions.

The committee has expressed interest and offered technical and financial support to the Area for the formation of a departmental Consejo de Salud however due to lack of interest in the Area, coordination with NGOs is being conducted by the Pro Redes Departmental Coordinator and the departmental coordinator for the SIAS PEC NGOs. It is hoped that the Area director and his technical team will take a leadership role including meetings with the NGOs in their plans of action and allowing NGOs participation. To date, the only moments in which NGOs have been allowed participation were during the formation of committees and development of plans to reduce maternal-child mortality.

Pro Redes is also working to strengthen Consejos on the district level. In the southern part of Huehuetenango the district of San Pedro Necta has formed a Consejo Municipal de Salud which includes NGOs who work in health in the district (ASODESI and ABC) and IGSS as well as the municipality. This group meets monthly to analyze the health situation in the area and review progress. In the district of Santa Barbara, a Consejo was also formed but the district did not assume responsibility or follow up except in the case of vaccination coverages, where low rates have obligated the district to improve coordination with other institutions. At this time, a meeting is being organized with religious leaders in Santa Barbara to explain the situation and enlist their support. In the northern part of

Huehuetenango, the district of Santa Eulalia has not yet formed a Consejo Municipal de Salud, however the project Departmental Coordinator has initiated discussions with different sectors to begin one, and the district has shown interest. In the district of Barillas a Consejo Municipal de Salud exists, and the Departmental Coordinator is a vocal. Pro Redes- funded NGOs are on the Board of Directors – ADIVES is the secretary, and ADECO is the treasurer. The project Departmental Coordinator has attended all Board meetings, has supported the district in following up possible cases of chickenpox in one community, in seeking funding for the construction of a district hospital and in funding for a casa maternal. The casa maternal is also being supported by ADIVES and the REDDES network coordinator Genesis, as well as the evangelical and catholic churches.

Totonicapán:

The Consejo de Salud in this department has been in existence for about 8 years. It has an internal policy and around 16 member organizations. During its lifetime, however, membership and interest in the Consejo has been variable. Participation has been irregular and there is a lack of continuity in discussions and topics. Although the Consejo met various times in 2002, no meetings have been held yet this year. One meeting was scheduled in June, but was suspended by the Area director. Pro Redes will continue to urge the Area to renew meetings in the second half of 2003.

El Quiche and Ixil:

In early 2002 the project Departmental Coordinator met with the El Quiche Area director and key staff, and approximately 14 other organizations to promote the idea of establishing a Consejo de Salud, however little interest has been shown to date by the Area. This is perhaps due to the existence of the Consejos Tecnicos de Salud. The Consejos are chaired by the Area director and include representatives from most NGOs working in health. They meet weekly to review program advances, identify problems and find solutions. Meetings are funded in part by Pro Redes Salud. When necessary, commissions are formed to address specific problems. In Quiche, the Area has divided the catchment area into sectors, and the Consejo has assigned a group responsible for monitoring progress and reporting on the situation in each sector.

Chimaltenango:

In 2002 the project worked with NGOs and the MOH to establish a Consejo de Salud. The Consejo was established, and has a Board of Directors and internal policies. There have been no meetings, however, since the beginning of the year as the Area director does not feel comfortable with the NGO group that is supporting the idea of the Consejo. The group is the Coordinadora de ONGs of Chimaltenango. The project Departmental Coordinator met twice with the Coordinadora de ONGs during the first half of 2003 to discuss this issue. Two of the Pro Redes-funded NGOs are elected representatives of the Coordinadora while the other NGOs working in Chimaltenango are members. While these NGOs individually may have a good relationship with the Area Health office, director and districts, the Coordinadora as a whole was apparently a vocal opponent of the SIAS PEC NGO program in the past, and therefore still has some difficulties with the Area director. Pro Redes will continue to meet with the NGOs and the Area during the coming semester to see if progress may be made.

Solola:

When the project began in 2002, the Departmental Coordinator found that a Consejo had been formed in the past in Solola but that it had become inactive. An inventory of institutions identified 18 NGOs working in the Area, in addition to USAID projects, the MOH and IGSS. In 2002, the project initiated a

series of meetings with key persons to discuss reviving the Consejo, which resulted in the formation of a Provisional Commission, a convocatoria of NGOs, and the exchange of experiences with the successful Consejo from Alta Verapaz. By the end of 2002, the Provisional Commission involved 5-12 institutions and 9 out of the 10 districts in Solola. At the beginning of 2003, there was consensus among participants in the Commission regarding plans for the Consejo and the Board of Directors for 2003, however the change in Area Director during the year resulted in a change in focus from the development of a departmental Consejo de Salud to the formation of decentralized Consejos on the district level. During this semester, the topic of the Consejos was included in the Plan Estrategico del Area de Solola under the section entitled Social Participation. After a long group discussion, it was decided that the process would begin in each district with a diagnostico.

Objective 9: Assist NGOs to sustain their reproductive and child health services:

This objective is aimed at improving network and NGO sustainability of primary care services once project funding has ended.

A. Sustainability focus

The project is working to increase the sustainability of network and NGO primary care programs through:

1. The implementation of network and NGO revolving drug funds,
2. Increasing the community's ability to prevent, detect and manage illnesses among the most vulnerable through the use of simplified protocols, and
3. Support to proposals for increasing network and NGO sustainability that are presented in the networks Strengthening Plans

B. Implementation of network and NGO revolving drug funds

In late 2002, Pro Redes and the five networks – united in the Comision de FRM – developed guidelines and plans for the implementation of revolving drug funds. Each network plan was reviewed by Pro Redes Salud and finalized in early 2003. Networks and NGOs received their seed pharmaceuticals in February-March.

The first table presented below shows the total value of the seed pharmaceuticals provided to the five networks and their grantee NGOs in 2003, in Quetzales and US dollars, at the replacement costs cited by the government drug provider, PROAM. Networks and NGOs are selling these medicines in their communities at PROAM cost plus 35%, as stipulated for rural areas in PROAM guidelines. The total value of the seed pharmaceuticals for the 5 networks was \$72,963.85.

Table 40: Value of the six month seed pharmaceuticals donated, by NGO and network, February-March 2003

Network	NGO	February shipment	March shipment	TOTAL
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CONODI	Salud Sin Limites	26,256.38	2,873.12	29,129.50
	Total CONODI	Q26,256.38	Q2,873.12	Q29,129.50
Wukup B'atz	Wukup B'atz	24,791.42	2,409.36	27,200.78
	Total Wukup Batz	Q24,791.42	Q2,409.36	Q27,200.78
FESIRGUA	PRODESCA	13,679.50	1,500.17	15,179.67
	Renacimiento	14,772.02	1,625.19	16,397.21
	Total FESIRGUA	Q28,451.52	Q3,125.36	Q31,576.88
REDDES	Chuhi Tinamit	7,292.44	808.45	8,100.89
	Kajih Jel	7,611.26	843.06	8,454.32
	Eb Yajaw	26,199.20	2,903.13	29,102.33
	Total REDDES	Q41,102.90	Q4,554.64	Q45,657.54
FUNRURAL	FUNRURAL	30,882.09	3,154.64	34,036.73
	ADASP	33,279.84	3,417.52	36,697.36
	Total FUNRURAL	Q64,161.93	Q6,572.16	Q70,734.09
TOTAL QQ				Q204,298.79
TOTAL \$\$				\$ 72,963.85
@7.8 QQ/US\$				

The second table, below, presents the income generated from the sale of these medicines during the first three months of service delivery (April –June). Networks and NGOs generated \$2,976.58 or 4% of the original value of the six-month seed donation during this period. Some medicines, such as antibiotics, have sold more quickly than others, leading all networks to initiate their first purchase this month.

To date networks and NGOs have reported little problem with sales, probably due to the very low prices of the medicines to the public. In general, however, movement has been slow as medicines are not sold openly to the public, but rather are linked to service delivery and the detection and classification of illnesses based on the AIEPI AINM-C protocols. As detection of illnesses and service production increases over time, monthly sales amounts are expected to increase.

Table 41: Income from the Revolving Medicine Funds, by NGO and network, April-June, 2003 (QQs)

Network	NGO	April	May	June	Total
FESIRGUA	Renacimiento	225.83	435.11	434.01	1,094.95
	PRODESCA	479.57	512.84	305.13	1,297.54
	Total FESIRGUA	Q705.40	Q947.95	Q 739.14	Q2,392.49
REDDES	Chuhi Tinamit	477.06	658.96	545.28	1,681.30
	Kajih Jel	260.36	462.37	506.86	1,229.59
	Eb Yajaw	1,387.71	1,534.50	1,221.27	4,143.48
	Total REDDES	Q2,125.13	Q2,655.83	Q2,273.41	Q7,054.37
FUNRURAL	ADASP	1,387.22	1,054.55	1,220.00	3,661.77
	FUNRURAL	1,299.02	1,569.13	1,125.22	3,993.37

	Total FUNRURAL	Q2,686.24	Q2,623.68	Q2,345.22	Q7,655.14
Wukup Bat'z	Wukup Bat'z	1,387.04	1,681.41	1,144.10	4,212.55
	Total Wukup Batz	Q1,387.04	Q1,681.41	Q1,144.10	Q4,212.55
CONODI	Salud Sin Limites	615.48	592.53	694.76	1,902.77
	Total CONODI	Q615.48	Q592.53	Q694.76	Q1,902.77
TOTAL QQ		\$7,519.29	\$8,501.40	\$7,196.63	\$23,217.32
TOTAL \$\$					\$2,976.58
@7.8 QQ/US\$					

When USAID grant funding to these networks and NGOs ends in 2004, it is hoped that these revolving funds will continue to operate as rural pharmacies, allowing the networks and NGOs to provide basic medicines to women and children without additional outside funding.

C. Community empowerment in the prevention and management of illnesses

The service delivery model being implemented by Pro Redes and its grantees is a variation of the current SIAS PEC NGO model aimed at further strengthening the role of the community (through its FCs and Vigilantes) in the early detection and management of common illnesses and conditions among the most vulnerable population – children under 5 and women in fertile age. The project is providing funding for communities to establish centros comunitarios - one per Facilitador Comunitario - as the basis of operations on the local level, and is fully training and equipping the FC and his or her vigilantes to implement AEIPI AINM-C. Progress on this training and the status of implementation has been described in detail earlier in this report. It is hoped that when USAID grant funding to NGOs ends in 2004, the centros comunitarios will be able to continue to operate as they will be fully equipped and have a network of trained community members able to continue the work of detection, prevention and management of the most common childhood and maternal health problems.

D. Support to sustainability proposals in network and NGO Strengthening Plans

In addition, Pro Redes has budgeted some funds to provide each network with support to improve sustainability, based on the network strengthening plans that are a result of the Diagnostico process. Requests for sustainability strengthening and productive projects by networks to date are as follows:

Network	No. NGOs	Request
REDDES	16	Funding needed for 8-day training in sustainability, estimated cost \$10,000
	2	Funding for the development of commercial projects in natural medicine (2), estimated cost \$5,000
FESIRGUA	8	Funding for a 3-day workshop to review the new NGO laws, fiscal responsibilities, cost analysis methods, and present examples of NGOs that are sustainable. Development of a sustainability plan for each NGO, and a cost analysis. Estimated cost \$2,231
CONODI	13	Funding for training in setting up and legalizing the sale of medicines (ventas sociales, botequines rurales)

		No estimated cost
Wukup Batz	4	Funding needed for a consultant, training and development of strategic plans Estimated cost \$1,750
	4	Funding for a 2-day training of technical staff in productive projects (communal banks, agricultural projects, self employment projects) plus training of community level personnel Estimated cost \$1, 050
	TOTAL	\$20,031 + CONODI medicine sales

MONITORING AND EVALUATION: COMPONENT II

A. Progress on the Diagnosticos and Strengthening Plans to date

All five grantee networks have completed their Diagnosticos, data has been entered and analyzed, and reports are completed. Data was collected from a total of 48 NGO members. The full reports are presented in the Annexes of the 2002 Annual Report. Some of the networks have met to analyze results, and Strengthening Plans have been received from four out of the five. Detail on these Plans is presented earlier in this report.

B. Operations research to compare three variations in the national primary care service delivery extension model

1. Description of the study

As mentioned briefly earlier in this report, the Ministry of Health has begun implementation of an operations research activity designed to compare the cost and efficiency of AIEPI AINM-C service delivery among three variations in the national model of primary care service extension in highland communities. This research is being supported jointly by the MOH, Calidad en Salud, and Pro Redes. It is hoped that the results of this study will provide valuable information to the MOH to further improve it's the extension of coverage either through NGOs or through Puestos de Salud. Data relating to inputs, process and results is being collected from each of these variations in three study departments (Quetzaltenango, San Marcos and Totonicapan). The three variations being compared are as follows:

1. Ampliación de Extensión de Cobertura a través de Puestos de Salud (AEC P/S), being implemented by the MOH with assistance from Calidad en Salud
2. Ampliación de Extensión de Cobertura a través de ONGs (AEC-NGO), being implemented by NGO networks and NGOs, with assistance from Pro Redes Salud
3. SIAS Proceso de Extensión de Cobertura a través de ONGs (PEC-ONG)

2. Baseline data collection and report

The study began in January-March, 2003 with the collection of baseline data. In the last quarter of 2002, Pro Redes provided Calidad en Salud with the baseline instrument used by the project to

collect data in the first round communities. This instrument was revised slightly by Calidad en Salud and Pro Redes, and then used by Calidad en Salud to collect baseline data in the three departments for the operations research activity. At this time the data has been analyzed by Calidad and presented to the partners, and a final baseline report is pending. A set of selected baseline indicators and data can be found in Annex B of this report.

3. AIEPI AINM-C technical indicators and monitoring data

Data relating to the provision of AIEPI AINM-C services will be collected from each of these variations during 2003-2004. In the first half of 2003, Pro Redes met with Calidad en Salud to define the key indicators and data that will be collected from each of the variations. Indicators are in final and summary data collection forms are being developed. A copy of the set of technical indicators may be found in this report in Annex C. Pro Redes Salud has given Calidad en Salud a copy of the supervision form used to monitor project NGOs in the field, for modification and use in the Puesto de Salud variation. It is expected that all variations will report their first service delivery information for the month of July, with retrospective data collected from each variation as feasible.

4. Cost indicators and monitoring data

Data relating to the cost of the provision of these services will also be collected from each of these variations during 2003-2004. In the first half of 2003, Pro Redes met with Calidad en Salud to present our financial reporting system and review proposals for the collection and analysis of cost information. A specific list of indicators and data to be collected is pending.

5. Mid-term and final evaluations

A mid-term evaluation of preliminary OR results is to take place in October of 2003, with the report ready for dissemination in mid-November. The final household survey is planned for the second quarter of 2004. The results of this survey will be compared with the baseline data that was gathered in the first quarter of 2003.

IV. Coordination

Objective 2: Strengthen MOH-NGO coordination

This objective is aimed at improving coordination between NGOs and the MOH at all levels.

In the first half of 2003, Pro Redes Salud, its NGO networks and NGO grantees continued to work closely with the MOH. Coordination focused on the implementation of the operations research and the joint training of SIAS PEC NGOs throughout the highlands, as discussed above. Coordination at the local level also intensified with the establishment of centros comunitarios and the initiation of service delivery in the districts.

1. Joint training of central level, Areas and SIAS PEC NGOs in AIEPI AINMC

As discussed above, Pro Redes Salud, the Unidad Ejecutadora of the MOH and Calidad en Salud worked closely together during this semester in the training of the 55 SIAS PEC NGOs in AIEPI

(Manejo de Casos) and AINMC (Prevencion y Promocion) in the eight highland health areas. The UE and Calidad en Salud continued training of NGO staff (MAs and FIs) with pediatric scales from Pro Redes, while Pro Redes began financing the training of 12,763 community volunteers (vigilantes) in AINM-C. Joint support for the cascade training of NGO FCs and vigilantes will continue throughout 2003.

2. Joint development and initiation of OR comparing service delivery models

As discussed above, the project also continued to work closely with the MOH/UPS1 and Calidad en Salud in the development of the methodology and specific indicators to be used in an operations research activity designed to compare three variations in the national primary care service delivery model: AEC-ONG (Extension de Cobertura por medio de ONGs), AEC P/S (Extension de Cobertura por medio de Puestos de Salud), with two controls, and SIAS PEC NGO (the Proceso de Extension de Cobertura through NGOs currently implemented by the MOH). The OR activity is ongoing throughout 2003-2004.

3. Coordination on Area and local levels:

Coordination between the project, networks and NGOs intensified during this semester on the local district level as the NGOs opened their centros comunitarios and began service delivery. Coordination was facilitated by eight project Departmental Coordinators, whose offices are located in each department, and by three Technical Coordinators, based in the capitol. NGO staff and Departmental Coordinators became active members of District and Area level technical teams, and Consejos de Salud. The following table presents a summary of the coordination activities undertaken by the Departmental Coordinators in the first half of 2003.

Table 42: Departmental Coordinator activities on the Area and Local levels, January-June, 2003

Type	Chimal-tenango	Solola	Quiche	Toto-nicapan	Quetzal-tenango	San Marcos	Huehue-tenango (south)
<i>Area Level</i>							
Administrative actions for coordination of training	2	6	2	4	6	4	2
Meetings with the Area technical team	12	18	12	3	8	4	10
Meetings with the Consejo Tecnico	4	4	12	1	2	5	4
Meetings with the Area on other subjects	8	2	12	2	6	7	4
Meetings with Cooperacion Externa	5	1	4	0	2	2	3
Meetings with the Maternal-Infant mortality committee	0	4	0	0	0	1	2
Meetings with the Consejo Departamental de Salud	0	0	12	0	12	3	0
Meetings with the Consejo Departamental de Desarrollo Urbano y Rural	0	0	0	3	0	0	0
Trainings received in these groups	7	1	3	1	0	3	2

Meetings to develop Area plans and budgets	6	7	1	0	3	1	0
<i>District Level</i>							
Meetings with the Consejo Tecnico de Distrito	12	7	6	2	26	1	3
Meetings with the Consejo Municipal de Salud	0	0	6	1	0	3	2
Meetings with the District on other subjects	3	3	6	2	4	0	0
<i>Coordination with other institutions</i>							
Meetings with other NGOs in the Area	5	4	3	1	3	3	3
Meetings with personnel from Calidad en Salud	6	1	4	0	7	3	0
Meetings with OPS	0	0	2	0	0	0	2
Meetings with UNICEF	0	1	0	0	0	0	1
Meetings with other agencies	6	1	7	0	5	3	2

Problems encountered: Little interest in the Area of Chimaltenango regarding the Consejo Departamental de Salud; lack of participation of the district Gestor in district technical meetings; lack of a figure of a Gestor or coordinator of SIAS-PEC in some districts; Area authorities request monthly information from the NGOs but then do not believe the results.

Solutions implemented: Meetings with the Coordinadora de ONGs of Chimaltenango to promote the formation of the Consejo de Salud; meetings with the Area technical team including district directors to discuss the need for the presence of a Gestor and other district personnel in the technical meetings; presentation of NGO monthly results in the Area technical meetings and district level meetings.

A. Calidad en Salud

The project continued to work closely Calidad en Salud in the first half of 2003, primarily on the following:

1. Coordination of the training of SIAS PEC NGOs

- a. **Coordination meetings and the revision of the joint budget:** In the first half of 2003, Pro Redes met twice with Calidad en Salud and the Unidad Ejecutora to revise the training cascade and redistribute the joint budget based upon real expenditures of each partner in 2003. The revised responsibilities are presented earlier in this report in the section on the SIAS PEC NGO training cascade.
- b. **Revision of training and IEC materials:** Pro Redes staff met during the first months of 2003 with key staff from Calidad en Salud to review the training and IEC materials used in 2002 for AIEPI (Manejo de Casos) and AINM-C (Promotion and Prevention) training of NGOs to make modifications as necessary. Pro Redes provided Calidad en Salud with its training modules as the basis for modification of the materials to be used to train the SIAS NGOs.

- c. **IEC coordination:** The project also continued to work closely with key Calidad en Salud staff and others in the review and production of IEC materials through the Inter-Institutional Committee.

2. Joint development of the Operations Research:

As mentioned above, the MOH is conducting an operations research activity in 2003-2004 comparing several variations in the national primary care service delivery model. Calidad en Salud and Pro Redes worked closely together in the first half of 2003 to finalize the baseline instrument and the sample, identify key technical indicators and determine the way in which cost information will be collected. Pro Redes will continue to work closely with Calidad en Salud throughout 2003 to support the MOH in the implementation of this research.

B. APROFAM

1. Development of a Memorandum of Understanding

In the first few months of 2003, Pro Redes and APROFAM developed and signed a Memorandum of Understanding. This document outlines the responsibilities of each party in providing NGOs with contraceptives and monitoring service delivery. Annex D of this report is a copy of the MOU.

2. Joint training of networks and NGOs

As mentioned above in the training section, Pro Redes and APROFAM trained the networks and NGOs in family planning and the APROFAM logistics system in February. Following this central training, in March NGOs trained the rest of their staffs and their Facilitadores Comunitarios in eight training events that took place in the highland departments.

3. Provision of contraceptives

In April APROFAM signed agreements with NGOs, and in May provided them with their first stock of contraceptives. Methods include the following:

- Condoms
- IUDs
- Depo-Provera
- Oral contraceptives

Pro Redes paid the cost of transport for the first stock of contraceptives for each NGO. Contraceptives are being sold at APROFAM prices. NGOs will be responsible for ordering and paying for the transport of future shipments. APROFAM will collect monitoring data, while project staff will monitor provision of services.